Iowa

UNIFORM APPLICATION
2011

STATE PLAN
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 08/06/2008 - Expires 08/31/2011

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Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0168.

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State: Iowa

FACE SHEET

FISCAL YEAR/S COVERED BY THE PLAN

_X_ FY2011

STATE NAME: Iowa

DUNS #: 90313938

I. AGENCY TO RECEIVE GRANT

AGENCY: Iowa Department of Human Services

ORGANIZATIONAL UNIT: Division of MHDS

STREET ADDRESS: 1305 E. Walnut, Hoover State Office Building

CITY: Des Moines STATE: IA ZIP: 50319

TELEPHONE: 515-242-5880 FAX: 515-242-6036

II. OFFICIAL IDENTIFIED BY GOVERNOR AS RESPONSIBLE FOR ADMINISTRATION OF THE GRANT

NAME: Charles Krogmeier TITLE: Director

AGENCY: Iowa Department of Human Services

ORGANIZATIONAL UNIT: Division of MHDS, Hoover State Office Building

STREET ADDRESS: 1305 E. Walnut

CITY: Des Moines STATE: IA ZIP CODE: 50319

TELEPHONE: (515) 281-5454 FAX: (515) 242-6036

III. STATE FISCAL YEAR

FROM: 07/01/2010 TO: 06/30/2011

IV. PERSON TO CONTACT WITH QUESTIONS REGARDING THE APPLICATION

NAME: Laura Larkin TITLE: Program Planner III

AGENCY: Iowa Dept. of Human Services

ORGANIZATIONAL UNIT: Division of MHDS

STREET ADDRESS: 1305 E. Walnut, Hoover State Office Building

CITY: Des Moines STATE: IA ZIP: 50319

TELEPHONE: 515-242-5880 FAX: 515-242-6036 EMAIL: llarkin@dhs.state.ia.us

Please respond by writing an Executive Summary of your current year's application.

EXECUTIVE SUMMARY

This application represents Iowa's annual plan for the Federal Fiscal Year 2011 and State Fiscal Years 2011 and 2012.

During the SFY10, the entire Iowa Department of Human Services was re-organized. The focus of the restructuring was to bring together the entities working with, and for, individuals with disabilities so that the Department of Human Services could align goals, plans and actions of the various parts of the system toward the goals of Iowa's *Olmstead Plan for Mental Health and Disability Services*. In addition, there is a clear expectation that the mental health and disability division partner with the Iowa Medicaid Enterprise and Child Welfare to secure cohesive policy. Ms. Jeanne Nesbit became the Division of MHDS administrator and State Mental Health Authority in December 2010.

Ms. Nesbit has focused on developing the *Olmstead Plan for Mental Health and Disability Services.* The development and implementation of the *Olmstead Plan* serves as a guide for the actions of the entire Department of Human Services and specifically for the Division of Mental Health and Disability Services. Stakeholders from across the state of Iowa contributed to the development of the *Plan.* The *Olmstead Plan* is serving as a guide for our actions discussed throughout this application. The *Plan* will be finalized after the community forums in the fall of 2010.

The MHDS Commission (formerly known as the MH/MR/DD/BI Commission) is now required to coordinate activities with the governor's Developmental Disabilities Council and the Mental Health Planning Council, created pursuant to federal law.

Iowa is once again struggling with disasters. The Department has been proactive in training and assembling Disaster Behavioral Health Teams. The teams have been activated numerous times for disasters in Iowa. The Mental Health First Aid trainers have been very active this year and have trained 700 citizens of Iowa. Both of these initiatives have been invaluable to our disaster response in Iowa.

Iowa is also supporting Systems of Care development in targeted regions of Iowa. Systems of Care development is a key strategic priority of Iowa's Olmstead plan. The SAMHSA System of Care in northeast Iowa is starting its sixth year of operation, and a state funded System of Care is starting its second year of operation. Both are achieving positive outcomes in diverting children from high-end, costly interventions. It is hoped that a second SAMHSA System of Care grant will be awarded to Iowa to assist in the expansion of Systems of Care service delivery.
Iowa is initiating crisis mental health services to children and adults in SFY 2011 through the issuing of contracts with local providers for crisis mental health services through Magellan Behavioral Health. This will expand crisis mental health to areas of Iowa not previously served by crisis mental health, with the plan of developing a statewide crisis mental health system for all Iowans.

The efforts described in this summary as well as the many other goals, plans, and actions described in this application are the framework for moving Iowa toward the vision described in the Olmstead Plan of " A Life in the Community for Everyone".

Attachment A. COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT FUNDING AGREEMENTS

FISCAL YEAR 2011

I hereby certify that Iowa agrees to comply with the following sections of Title V of the Public Health Service Act [42 U.S.C. 300x-1 et seq.]

Section 1911:

Subject to Section 1916, the State[1] will expend the grant only for the purpose of:

i. Carrying out the plan under Section 1912(a) [State Plan for Comprehensive Community Mental Health Services] by the State for the fiscal year involved:

ii. Evaluating programs and services carried out under the plan; and

iii. Planning, administration, and educational activities related to providing services under the plan.

Section 1912

(c)(1)& (2) [As a funding agreement for a grant under Section 1911 of this title] The Secretary establishes and disseminates definitions for the terms "adults with a serious mental illness" and "children with a severe emotional disturbance" and the States will utilize such methods [standardized methods, established by the Secretary] in making estimates [of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children].

Section 1913:

(a)(1)(C) In the case for a grant for fiscal year 2011, the State will expend for such system [of integrated services described in section 1912(b)(3)] not less than an amount equal to the amount expended by the State for the fiscal year 1994.

[A system of integrated social services, educational services, juvenile services and substance abuse services that, together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs (which includes services provided under the Individuals with Disabilities Education Act)].

(b)(1) The State will provide services under the plan only through appropriate, qualified community programs (which may include community mental health centers, child mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health primary consumer-directed programs).

(b)(2) The State agrees that services under the plan will be provided through community mental health centers only if the centers meet the criteria specified in subsection (c).

(C)(1) With respect to mental health services, the centers provide services as follows:

[21]. The term State shall hereafter be understood to include Territories.

(A) Services principally to individuals residing in a defined geographic area (referred to as a "service area")
(B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
(C) 24-hour-a-day emergency care services.
(D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
(E) Screening for patients being considered for admissions to State mental health facilities to determine the appropriateness of such admission.

(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.

(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.

Section 1914:

The State will establish and maintain a State mental health planning council in accordance with the conditions described in this section.
(b) The duties of the Council are:

(1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
(2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
(3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

(c)(1) A condition under subsection (a) for a Council is that the Council is to be composed of residents of the State, including representatives of:

(A) the principle State agencies with respect to:
(i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
(ii) the development of the plan submitted pursuant to Title XIX of the Social Security Act;
(B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
(C) adults with serious mental illnesses who are receiving (or have received) mental health services; and
(D) the families of such adults or families of children with emotional disturbance.

(2) A condition under subsection (a) for a Council is that:

(A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and

(B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

Section 1915:

(a)(1) State will make available to the State mental health planning council for its review under section 1914 the State plan submitted under section 1912(a) with respect to the grant and the report of the State under section 1942(a) concerning the preceding fiscal year.

(2) The State will submit to the Secretary any recommendations received by the State from the Council for modifications to the State plan submitted under section 1912(a) (without regard to whether the State has made the recommended modifications) and comments on the State plan implementation report on the preceding fiscal year under section 1942(a).

(b)(1) The State will maintain State expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

Section 1916:

(a) The State agrees that it will not expend the grant:

(1) to provide inpatient services;

(2) to make cash payments to intended recipients of health services;

(3) to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

(4) to satisfy any requirement for the expenditure of non-Federal funds as a condition of the receipt of Federal funds; or

(5) to provide financial assistance to any entity other than a public or nonprofit entity.

(b) The State agrees to expend not more than 5 percent of the grant for administrative expenses with respect to the grant.

Section 1941:

The State will make the plan required in section 1912 as well as the State plan implementation report for the preceding fiscal year required under Section 1942(a) public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

Section 1942:

(a) The State agrees that it will submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the States) to be necessary for securing a record and description of:

(1) the purposes for which the grant received by the State for the preceding fiscal year under the program involved were expended and a description of the activities of the State under the program; and

(2) the recipients of amounts provided in the grant.

(b) The State will, with respect to the grant, comply with Chapter 75 of Title 31, United Stated Code. [Audit Provision]

(c) The State will:

(1) make copies of the reports and audits described in this section available for public inspection within the State; and
(2) provide copies of the report under subsection (a), upon request, to any interested person (including any public agency).

Section 1943:

(a) The State will:

(1)(A) for the fiscal year for which the grant involved is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved; and
(B) ensure that, in the conduct of such peer review, not fewer than 5 percent of the entities providing services in the State under such program are reviewed (which 5 percent is representative of the total population of such entities);
(2) permit and cooperate with Federal investigations undertaken in accordance with section 1945 [Failure to Comply with Agreements]; and
(3) provide to the Secretary any data required by the Secretary pursuant to section 505 and will cooperate with the Secretary in the development of uniform criteria for the collection of data pursuant to such section

(b) The State has in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity, which is receiving amounts from the grant.

_____ _____

Governor Date
Jeanne Nesbit, DHS Director -- Designee
XXXXXXX

OMB Approval No. 0920-0428

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub- grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
  (1) The dangers of drug abuse in the workplace;
  (2) The grantee's policy of maintaining a drug-free workplace;
  (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  (1) Abide by the terms of the statement; and
  (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
  (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical an mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Director Designee
APPLICANT ORGANIZATION Iowa Department of Human Services	DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. **Type of Federal Action:**	2. **Status of Federal Action**	3. **Report Type:**
☐ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	☐ a. bid/offer/application b. initial award c. post-award	☐ a. initial filing b. material change **For Material Change Only:** Year _____ Quarter _____ date of last report _____

4. **Name and Address of Reporting Entity:**	5. **If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:**
Prime Subawardee Tier _____ , *if known:* **Congressional District**, *if known:*	**Congressional District,** *if known:*
6. Federal Department/Agency:	7. **Federal Program Name/Description:** **CFDA Number**, *if applicable:* _____
8. **Federal Action Number,** *if known:*	9. **Award Amount,** *if known:* **$**
10. a. Name and Address of Lobbying Entity *(if individual, last name, first name, MI):*	b. **Individuals Performing Services** *(including address if different from No. 10a.)* *(last name, first name, MI):*
11. **Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.**	**Signature:** _____ **Print Name:** _____ **Title:** _____ **Telephone No.:** _____ **Date:** _____
Federal Use Only:	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., ‘‘RFP-DE-90-001.’’

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, re- gulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Director Designee
APPLICANT ORGANIZATION Iowa Department of Human Services	DATE SUBMITTED

SF-424B (Rev. 7-97) Back

Section 1941 of the Block Grant legislation stipulates that as a condition of the funding agreement for the grant, States will provide opportunity for the public to comment on the State Plan. States will make the mental health plan public in such a manner to facilitate comment from any person (including Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary.

States should describe their efforts and procedures to obtain public comment on the plan on the plan in this section.

A committee of MHPC members helped write, critique and offer suggestions to the draft documents.

The WebBGAS public log-on information was disseminated electronically to stakeholders.

Written, verbal and electronic comments were received and recorded. The state agency made changes that included missed information, unclear language and discrepancies.

II. SET-ASIDE FOR CHILDREN'S MENTAL HEALTH SERVICES REPORT

States are required to provide systems of integrated services for children with serious emotional disturbances(SED). Each year the State shall expend not less than the calculated amount for FY 1994.

Data Reported by:

State FY ___X___ **Federal FY _____**

State Expenditures for Mental Health Services

Calculated FY 1994	Actual FY 2009	Estimate/Actual FY 2010
$11,851,615	$36,631,071	$35,947,073

Waiver of Children's Mental Health Services

If there is a shortfall in children's mental health services, the state may request a waiver. A waiver may be granted if the Secretary determines that the State is providing an adequate level of comprehensive community mental health services for children with serious emotional disturbance as indicated by a comparison of the number of such children for which such services are sought with the availability of services within the State. The Secretary shall approve or deny the request for a waiver not later than 120 days after the request is made. A waiver granted by the Secretary shall be applicable only for the fiscal year in question.

III. MAINTENANCE OF EFFORT(MOE) REPORT

States are required to submit sufficient information for the Secretary to make a determination of compliance with the statutory MOE requirements. MOE information is necessary to document that the State has maintained expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

MOE Exclusion

The Secretary may exclude from the aggregate amount any State funds appropriated to the principle agency for authorized activities of a non-recurring nature and for a specific purpose. States must consider the following in order to request an exclusion from the MOE requirements:

1. The State shall request the exclusion separately from the application;
2. The request shall be signed by the State's Chief Executive Officer or by an individual authorized to apply for CMHS Block Grant on behalf of the Chief Executive Officer;
3. The State shall provide documentation that supports its position that the funds were appropriated by the State legislature for authorized activities which are of a non-recurring nature and for a specific purpose; indicates the length of time the project is expected to last in years and months; and affirms that these expenditures would be in addition to funds needed to otherwise meet the State's maintenance of effort requirement for the year for which it is applying for exclusion.

The State may not exclude funds from the MOE calculation until such time as the Administrator of SAMHSA has approved in writing the State's request for exclusion.

States are required to submit State expenditures in the following format:

MOE information reported by:

State FY ___X___ Federal FY _____

State Expenditures for Mental Health Services

Actual FY	Actual FY	Actual/Estimate FY

2008	2009	2010
$113,767,942	$124,529,412	$114,639,695

MOE Shortfalls

States are expected to meet the MOE requirement. If they do not meet the MOE requirement, the legislation permits relief, based on the recognition that extenuating circumstances may explain the shortfall. These conditions are described below.

(1). Waiver for Extraordinary Economic Conditions

A State may request a waiver to the MOE requirement if it can be demonstrated that the MOE deficiency was the result of extraordinary economic conditions that occurred during the SFY in question. An extraordinary economic condition is defined as a financial crisis in which the total tax revenues declined at least one and one-half percent, and either the unemployment increases by at least one percentage point, or employment declines by at least one and one-half percent. In order to demonstrate that such conditions existed, the State must provide data and reports generated by the State's management information system and/or the State's accounting system.

(2). Material Compliance

If the State is unable to meet the requirements for a waiver under extraordinary economic conditions, the authorizing legislation does permit the Secretary, under certain circumstances, to make a finding that even though there was a shortfall on the MOE, the State maintained material compliance with the MOE requirement for the fiscal year in question. Therefore, the State is given an opportunity to submit information that might lead to a finding of material compliance. The relevant factors that SAMHSA considers in making a recommendation to the Secretary include: 1) whether the State maintained service levels, 2) the State's mental health expenditure history, and 3) the State's future commitment to funding mental health services.

TABLE 1. List of Planning Council Members

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Allison, Ruth	State Employees	Vocational Rehabilitation	Jesse Parker Building 510 E. 12th St. Des Moines,IA 50319 PH:515-281-4146 FAX:515-281-4703	Ruth.Allison@iowa.gov
Bell, Allen	Others(not state employees or providers)	Jane Boyd, Linn Co. Corrections, Chaplaincy	434 34th St. N.E. Cedar Rapids,IA 52402 PH:319 550 1222 FAX:	abell@janeboyd.org
Biggs, Jr., Ken	Others(not state employees or providers)	Veteran, Retired Chaplain	1701 Campus Dr. Apt. 3430 Clive,IA 50324 PH:515 221 4560 FAX:	kebriggs@earthlink.net
Bomhoff, Teresa	Family Members of adults with SMI	NAMI of Greater Des Moines	200 SW 42nd St. Des Moines, IA,IA 50312 PH:515-274-6876 FAX:	tbomoff@mchsi.com
Chesnik, Jim	State Employees	Social Services	Hoover Bldg, 5th Floor, Child & Family Services 1305 E. Walnut Des Moines, IA,IA 50319 PH:515-281-9368 FAX:	jchesni@dhs.state.ia.us
Clayman, Ron	Others(not state employees or providers)	DBSA	3800 Rowlins Des Moines, IA,IA 50312 PH:515-279-5710 FAX:	bacomentalhealth@aol.com

TABLE 1. List of Planning Council Members

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Eauchus, Tom	Providers		3251 West 9th St. Waterloo, IA,IA 50702 PH:319-234-2893 FAX:	teachus@bhgmhc.com
Gilbaugh, Dr. Patricia	Family Members of Children with SED	Grace C. Mae Advocate Center-Play Therapist,	202 7th St. Box 266 Van Home,IA 52346 PH:319 361 6529 FAX:	Patti.gilbaugh@gmail.com
Gooding, Virgil	Providers	Director, Keys to Awareness/Secretary of MHPC;	1073 Rockford Rd. SW Cedar Rapids,IA 52404 PH:319-363-5001 FAX:	virgil.gooding@gmail.com
Kalambokidis, Julie	Providers		6 North Hazel Glenwood,IA 51534 PH:712 527 4188 FAX:	Julie.Kalambokidis@dia.iowa.gov
Keller, Dr. Gregory	State Employees	Mental Health	1800 N. 16th St. Clarinda,IA 51672 PH:712 542 2161 FAX:	Gregory.Kellor@iowa.gov
Lambert, Sharon	Consumers/Survivors/Ex-patients(C/S/X)		Box 362 Buffalo,IA 52728 PH:563 499 3502 FAX:	lambertsha@gmail.com

TABLE 1. List of Planning Council Members

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Lange, Todd	Consumers/Survivors/Ex-patients(C/S/X)	NAMI Dubuque, Iowa Advocates for Mental Health Recovery	225 West 6th St. Dubuque,IA 52001 PH:563-564-2933 FAX:	Tjlange1@yahoo.com
Lewis, Amber	State Employees	Housing	Iowa Finance Authority 2015 Grand Ave. Des Moines,IA 50312 PH:800 432 7230 FAX:	Amber.lewis@iowa.gov
Logan, Carol	Others(not state employees or providers)	Iowa State Association of Counties	Wapello County CPC P.O. Box 217 Ottumwa,IA 52501 PH:641-683-4576 FAX:641-683-8370	logancpc@pcsia.net
Merfeld, Toni	State Employees	Education	400 E. 14th St. Des Moines,IA 50319 PH:515-281-3782 FAX:	toni.merfeld@iowa.gov
Nadolsky, Sally	State Employees	Medicaid	Iowa Medicaid Enterprise 100 Army Post Road Des Moines,IA 50315 PH:515-725-1142 FAX:515-725-1010	snadols@dhs.state.ia.us
Neal,	Consumers/Survivors/Ex-	Veteran,	Iowa Veterans Home 1301 Summit St. Marshalltown IA	Prneal1944@yahoo.com

Patrick	patients(C/S/X)	NAMI	Marshalltown,IA 50158 PH:641 751 1804 FAX:	

TABLE 1. List of Planning Council Members

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Ramus, Kelly	Family Members of adults with SMI	Parent Support Specialist with Visiting Nurse Services	602 Evergreen Circle NW Bondurant,IA 50035 PH:515 967 2567 FAX:	amothershelper@mchsi.com
Reynolds, Lori	Family Members of Children with SED	Director, IFFCMH	106 South Booth Anamosa,IA 52205 PH:319-462-2187 FAX:319-462-6789	lori@iffcmh.org
Richard-Langer, Donna	Others(not state employees or providers)		4105 Belair Drive Urbandale,IA 50323 PH:515 278 7010 FAX:	dridkl@msn.com
Richardson, Brad	Others(not state employees or providers)	National Research Center for Family Centered Practice	U. of Ia. School of Social Work, U of Ia. Research Park, W206 Oakdale Hall Iowa City,IA 52242-5000 PH:319 335 4924 FAX:	Brad-richardson@uiowa.edu
Sage, Eric	Others(not state employees or providers)	Office of Criminal & Juvenile Justice Planning	321 E. 12th St. Des Moines,IA 50319 PH:515 285 7220 FAX:	eljmsage@msn.com
Sayres, Nancy	Family Members of adults with SMI		18358 490th Street Mystic,IA 52574 PH:641-647-2968 FAX:641-856-3035	nancy.sayres@gmail.com

TABLE 1. List of Planning Council Members

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Shouse, Rhonda	Family Members of Children with SED	NAMI Linn County, IAMHR IA. Empowerment Committee	4861 First Ave. SW Apt. 2A Cedar Rapids,IA 52405 PH:319 310 5098 FAX:	rhonda_shousell@yahoo.com
Sieleni, Bruce	State Employees	Criminal Justice	Box A. Oakdale,IA 52319 PH:515-626-2391 FAX:515-626-4242	bruce.sieleni@iowa.gov
Simmerman, Genette	Family Members of Children with SED	Olmstead TF	1666 330th Ave. Randolph,IA 51649 PH:712 310 6113 FAX:	gsimmer66@iowatelecom.net
Smith, Travis	Family Members of adults with SMI		750 32nd St. Des Moines,IA 50312 PH:319-296-6806 FAX:	travislloydonline@gmail.com
Taylor, Jayne	Family Members of Children with SED		416 B Ave East Oskaloosa, IA,IA 52577 PH:641-676-3403 FAX:	taylorj@wmpenn.edu
Vaughn, William	Family Members of Children with SED	Mainstream Living Community Support Advocates	704 Grand Avenue Story City,IA 502248 PH:515 733 5235 FAX:	bvaughn@mainstreamliving-dsm.org

TABLE 1. List of Planning Council Members

Name	Type of Membership	Agency or Organization Represented	Address, Phone and Fax	Email(If available)
Warrick, Judy A.	Consumers/Survivors/Ex-patients(C/S/X)	Iowa Empowerment Board, member/provider/consumer	3424 Iowa Avenue Gowrie,IA 50543 PH:515-352-3749 FAX:	warrick@wccta.net
Winchell, Mike	Consumers/Survivors/Ex-patients(C/S/X)	Iowa Empowerment Conference Board Member	315 1/2 2nd Ave. Grinnell,IA 50112 PH:641-990-7850 FAX:	mgwinchell@yahoo.com
Wood, Michael	Consumers/Survivors/Ex-patients(C/S/X)	MH Association of Siouxland, IA Advocates for Mental Health Recovery	2005 Geneva Street Sioux City,IA 51103 PH:712-234-1040 FAX:515-277-3427	mhasiouxland@aol.com

TABLE 2. Planning Council Composition by Type of Member

Type of Membership	Number	Percentage of Total Membership
TOTAL MEMBERSHIP	33	
Consumers/Survivors/Ex-patients(C/S/X)	6	
Family Members of Children with SED	6	
Family Members of adults with SMI	4	
Vacancies(C/S/X and Family Members)	0	
Others(not state employees or providers)	7	
TOTAL C/S/X, Family Members and Others	23	69.70%
State Employees	7	
Providers	3	
Vacancies	0	
TOTAL State Employees and Providers	10	30.30%

Note: 1) The ratio of parents of children with SED to other members of the Council must be sufficient to provide

adequate representation of such children in the deliberations of the Council, 2) State Employee and Provider

members shall not exceed 50% of the total members of the Planning Council, and 3) Other representatives may

include public and private entities concerned with the need, planning, operation, funding, and use of mental health

services and related support services. 4) Totals and Percentages do not include vacancies.

State Mental Health Planning Councils are required to perform certain duties. If available, a charter or a narrative summarizing the duties of the Planning Council should be included. This section should also specify the policies and procedures for the selection of council members, their terms, the conduct of meetings, and a report of the Planning Council's efforts and related duties as mandated by law:

reviewing plans and submitting to the State any recommendations for modification
serving as an advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems,
monitoring, reviewing, and evaluating, not less than once each year, the allocation and adequacy of mental health services within the State.
the role of the Planning Council in improving mental health services within the State.

In addition to the duties mandated by law, States should include a brief description of the role of the Planning Council in the State's transformation activities that are described in Part C, Section II and Section III.

Planning Council Charge:

A. Responsibilities of State Mental Health Planning Council:

The Iowa Mental Health Planning Council was established in 1987 by the State Mental Health and Developmental Disabilities Commission, a policy-making body established pursuant to Section 225.C of the Iowa Code. Initially, the Council was established as a sub-committee of the MHDD Commission with members appointed for two-year terms. In August 1995, the Council acquired a distinct status to meet the intent of the federal requirements of Section 1914 (b) of Public Law 102-321.

The Council is scheduled to meet six times per year. It represents a cross-section of constituencies and interest groups. Over 50% of its members must be consumers, family members, advocates, and others who are not state employees or providers. In addition to the listed 33 members, the planning council has State Senator Jack Hatch and State Representative Ray Zirkelbach as ex-officio members. The Council is committed to operating within accordance with Iowa's Open Meetings and Public Records laws.

As stated in the bylaws and which reflect Section 1914 of the Community Mental Health Services Block Grant Agreements,"the State will establish and maintain a State Mental Health Planning Council " the duties are:

A. To participate in the development of and subsequently review of mental health plan for Iowa provided to the Council pursuant to 42 USC 300X-4 (a) and to submit to the State of Iowa any recommendations of the Council for modifications to the plan.

B. To review Iowa's Community Mental Health Block Grant plan and make recommendations to the Department of Human Services, which is the State Mental Health Authority and responsible for the plan.

C. To serve as an advocate for adults with serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses or emotional problems.

D. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within Iowa; and

E. To affiliate, join, and collaborate with groups, organizations, and professional associations that the Council may designate or choose to advance its stated purposes under these bylaws and federal law; and, specifically, to join the National Association of Mental Health Planning and Advisory Councils.

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The Council holds six regularly scheduled business meetings per year, providing 30 hours of face to face time. The Council provides at least one day of training each odd numbered year for new members. Each member of the council is provided with a membership manual. The Council held a retreat in 2009, met with MHDS commission during their retreat in 2010, and will give consideration to another retreat in 2011.

Between bi-monthly meetings of the full council, committees and workgroups meet to conduct work such as reviewing contracts, drafting legislative priorities, developing materials for council members, etc. The standing committees are described in the MHPC bylaws found in the appendix of this application. The council is exploring other methods of getting members more involved and how to structure work to produce results.

The Iowa Mental Health Planning Council adopted the following:

Vision Statement - All Iowans have access to comprehensive mental health services and supports, hope for recovery and resilience within the community of their choice.

Mission Statement -To assess and promote the strengths of the Mental Health System while advising and recommending system improvements and ensuring that community-based, culturally competent, and consumer/family driven service alternatives are available to all Iowans.

Organizational Development Statement - The Iowa Mental Health Planning and Advisory Council is an organization made up of individuals in recovery, providers, family members and other advocates with the purpose of providing both input to, evaluation and oversight of the Iowa mental health system

Specific guiding principles to address diversity and cultural issues include:

An understanding of culture is necessary to comprehend the diversity of human dynamics and thus to effectively and efficiently provide mental health services to all people.
Consideration of culture is important at all levels (individual, programmatic and organizational) and at all stages (assessment, primary service provision, aftercare and evaluation).
Cultural competency requires participation by ethnic/racial minorities and other undervalued communities in the development and implementation of treatment approaches and practices as well as training activities.
Cultural competency requires active advocacy for minority individuals and communities as well as community empowerment.
Administrators and policy makers from the dominant culture must be convinced of the importance of cultural competency.
The responsibility to tailor mental health care to different cultural groups belongs to the system, not to the consumer.

Beliefs and Values of the State Mental Health Plan

The Mental Health Planning Council, the Division of MHDS, consumers, families, advocates, and service providers share a common set of beliefs that define the values of the system.

A new State Mental Health Plan is under development.
The vision is: A life in the community for everyone.

These are to be the principles in the plan to guide the development of a transformed system. They form the basis from which the new plan will be developed and from which future policies, programs and strategies will be developed and evaluated.

The principles are:

1. **Public awareness and inclusion**....Iowans increasingly recognize, value, and respect individuals with mental illness or disabilities as active members of their communities.

2. **Access to services and supports….**Each adult and child has timely access to the full spectrum of supports and services needed.

3. **Individualized and person-centered….**Communities offers a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.

4. **Collaboration and partnership in building community capacity….**State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.

5. **Workforce and Organizational Effectiveness….**Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.

6. **Empowerment….**Communities recognize and respect the ability of people
   (1) To make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and
   (2) To understand the consequences and accept responsibility for those choices.

7. **Active Participation….**Individuals and families actively participate in service planning; in evaluating effectiveness of providers, supports and services; and in policy development.

8. **Accountability and results for providers….**Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.

9. Responsibility and accountability for government…. Adequate funding and effective management of supports and services promotes positive outcomes for Iowans.

Within each of the above principles, the MHPC strongly advocates and promotes an accurate, useful and understandable framework to integrate cultural factors into assessing and serving diverse populations and communities. There is a Cultural Competency Curriculum workgroup within the Council that will be developing recommendations.

There are 5 principle driven goals of the State Mental Health Plan under development:

Goal 1 – Communities – Welcoming communities that promote the full participation of Iowans with mental illness and disabilities (Principle 1)

Goal 2 – Access – Increased access to information, services and supports that individuals need to optimally live, learn, work and recreate in communities of their choice. (Principle 2)

Goal 3 – Capacity – A full array of community based services and supports that are practically available to all Iowans. (Principles 3 and 4)

Goal 4 – Quality – High quality services and supports. (Principles 5, 6, and 7)

Goal 5 – Accountability – Clear accountability for achieving service results for Iowans that support individuals to live, learn, work and recreate in communities of their choice. (Principles 8 and 9)

The role of the State Mental Health Planning Council in improving mental health services within the state:

- Advises and collaborates with the DHS Director and the Mental Health/Disabilities Division (SMHA) on the development and implementation of the overall state plan.

- Collaborates with the Mental Health and Disabilities Commission. The Commission is a state appointed group of persons to advise the administrator (of MHDS division, the SMHA of Iowa) on the administration of the overall state disability services system. During SFY 2009, legislation was passed requiring the Mental Health and Disabilities Commission and the Iowa Mental Health Planning Council to meet at least quarterly to coordinate the efforts of the two bodies. These meetings can be:
  (a) the Commission and the Council holding a joint meeting,
  (b) only the chairpersons
  (c) or the executive committees.
  The Commission and the Council met in January and May, with a meeting scheduled for October 2010. The Chairperson of the Council attends Commission

meetings to provide additional opportunities for coordination. The legislative committees of both organizations will be collaborating to create a joint legislative platform.

- Collaborate with the Olmstead Consumer Taskforce to monitor Iowa's efforts to address the Supreme Court Ruling. The OCTF is the monitoring and advisory body tracking the progress toward the guarantee of civil rights for Iowans with disabilities for DHS, the lead agency for Olmstead.

- Through the Monitoring and Oversight Committee, oversees the expenditures of block grant funds, contract content and compliance, and make recommendations to fund projects to further the transformation of the mental health system.

- Through the Legislative Workgroup, provide comment and recommendation to the Governor, state legislature, and federal congressional legislators on issues to transform the mental health system.

- Through the Block Grant/State Mental Health Plan workgroup, assists in the preparation of a block grant application advising as to the strengths and gaps in the Iowa mental health system along with an action plan to show the steps that need to be taken to accomplish transformation.

- Tthrough the Cultural Competency workgroup – develop strategies to achieve a mental health system and workforce which is culturally competent.

- Through the remainder of the workgroups and through presentations from state and community groups – acquire the knowledge and opportunity to work on projects to help transform the system.

- Two new initiatives are in the beginning phases:
  - Veterans issues
  - the integration of primary health care and mental health care.

The Council members apply to be a part of the Council to play a part in the creation, development, and implementation of a changed mental health system for adults and children in Iowa. The council is increasingly expanding their work to go beyond overseeing the block grant to truly examining the entire mental health system and formulating strategies to impact that system to improve. Council members are experiencing empowerment and value in their work as well as their strength when working collaboratively with other commissions, committees, task forces, etc.

B. Membership Requirements:
Please refer to Tables A and B for documentation of MHPC membership. In FY 2009, the planning council designated that if available, two positions on the council shall be filled with youth representatives. In FY 2010, the state legislature mandated that at least one position be filled by a veteran knowledgeable about veteran's mental health issues.

C. State Mental Health Planning Council Comments and Recommendations
See the attached letter from Teresa Bomhoff, Chairperson of Iowa's Mental Health Planning Council.

D. Public Comment on the State Plan
The Mental Health Planning Council, through the Block Grant/State Plan workgroup, is active in the writing and reviewing of the Mental Health Block Grant.

A draft of the electronic version of the application will be available through the WebBGAS.

Once the plan is submitted, the entire plan is posted on not only the DHS website but on other websites such as the Iowa Mental Health Consortium. The MHPC members are encouraged to also post the plan on websites which they may have available.

Adult - A brief description of how the public mental health system is currently organized at the State and local levels, including the State Mental Health Agency's authority in relation to other State agencies.

Part C. State Plan
Section I. Description of State Service System
Adult

1. Overview of State's Mental Health System

A brief description of how the public mental health system is currently organized at the State and local levels, including the State Mental Health Agency's authority in relation to other State agencies.

The State Mental Health Authority
The Iowa Department of Human Services (DHS), specifically the Mental Health Disability Services (MHDS) Division administrator is the designated State Mental Health Authority (SMHA) for Iowa. During the SFY10, the entire DHS was re-organized. There were substantial changes department wide, including the Division of MHDS. The focus of the restructure was to bring together the entities working with and for individuals with disabilities so that we could serve an alignment toward the goals of Iowa's *Olmstead Plan for Mental Health and Disability Services*. In addition, there is a clear expectation that the division partner with the Iowa Medicaid Enterprise and Child Welfare to secure cohesive policy.

MHDS now includes:

- The two State Resource centers
  - Woodward and
  - Glenwood
- The four state Mental Health Institutes'
  - Cherokee,
  - Clarinda,
  - Independence and
  - Mount Pleasant),
- The Civil Commitment Unit for Sexual Offenders,
- The two Juvenile Programs
  - Eldora and
  - Toledo
- The Office of Facility Support,
- The Bureau of Targeted Case Management and
- The Bureau of Community Services and Planning (which was the entire MHDS division last year).

Adult System
The Iowa system of community based services for adults with mental illness is managed and funded in various ways depending on an individual's income and whether the individual is Medicaid eligible and the services needed are eligible for Medicaid funding.

Adults who are eligible for Medicaid receive service funding and management through The *Iowa Plan* for Behavioral Health Services. Services through the *Iowa Plan* include inpatient and outpatient mental health services. Medicaid eligible adults needing residential and/or

vocational services are funded through 100% county funding or possibly, some of those costs may be offset by the individual's ability to access Habilitation Services through Medicaid.

Adults who are not eligible for Medicaid, but meet the statewide financial guidelines of an income of less than 150% poverty and resources below $2000 may receive the same services as Medicaid enrollees but the services will be funded in part by county governments and managed by county government. Each county in Iowa is required to have a Central Point of Coordination (CPC) administrator who is responsible for the management of mental health services the county funds.

Children's System

The Iowa Department of Human Services is designated by Iowa Code 225C.52 as the lead agency responsible for the development, implementation, oversight, and management of the mental health services system for children and youth with those responsibilities to be carried out by the Division of Mental Health and Disability Services, the State Mental Health Authority. The SMHA also oversees the two Systems of Care in Iowa and is the applicant for the third potential SOC. The Iowa system for children's mental health services also includes multiple agencies, within and outside of the Department of Human Services, each with their own eligibility, funding, and limitations for provision of mental health services. Integrating these multiple systems into a responsive, accessible system for children, youth, and families is an ongoing challenge.

Children in need of mental health services have multiple access points by which they may enter the service system. Private mental health providers of psychiatric and clinical services are available to individuals with Medicaid, as well as those with private insurance. Remedial services are available to children who are Medicaid eligible. Community mental health centers are also available to provide services across the state. Community mental health centers, targeted case managers, and certain mental health providers are accredited by the SMHA. Private clinics and individual providers are not required to be accredited by the SMHA. There is no Central Point of Coordination for children at the local level to provide coordination of children's services; therefore, coordination and case management of children with mental health needs are fragmented. These systems may include Systems of Care, Child Welfare, Children's Mental Health Waiver, Juvenile Justice, Education, and Medicaid Managed Care (Magellan Behavioral Health).

The Iowa Department of Human Services includes the following divisons which have some responsibility for meeting the mental health needs of children for whom the agency is responsible.

- The State Mental Health Authority (the Division of Mental Health and Disability Services)
- The State Child Welfare Authority (the Division of Adult, Child, and Family Services)
- The Division of Field Operations which oversees local service areas and De-categorization boards, and
- The State Medicaid authority (Iowa Medicaid Enterprise).

Additional state and local agencies which have funding, service, or regulatory responsibility within the children's mental health system include:

- The Juvenile Court System,
- Department of Education which includes Area Education Agencies and Local Education Agencies, public and private
- Department of Public Health which includes Title V agencies such as the Child Health Specialty Clinics,
- Department of Human Rights,
- Department of Inspections and Appeals,
- County governments-limited in most areas by funding and Iowa code which defines the responsibility of counties to funding of outpatient services for children if financial eligibility criteria are met.

The *Iowa Plan* for Behavioral Health Care

The *Iowa Plan* continues to be jointly supported by the Department of Human Services and the Department of Public Health. The plan combines two Medicaid managed care programs, the Mental Health Access Plan (MHAP) and the Iowa Managed Substance Abuse Care Plan (IMSACP). The blending of these two funding sources offers Iowan's with Mental Health and/or Substance Abuse concerns the opportunity to obtain appropriate services to live, recreate and work in the communities of their choice with minimum disruption. The *Iowa Plan* is designed to focus services toward system of care ideals by offering:

- Easy and prompt access to needed services and supports
- Improved outcomes for consumers which span multiple programs and funding streams
- A seamless service delivery system which spans health, mental health, substance abuse, education and special education
- Strong consumer and community investment in the local service delivery system contoured to community strengths and needs
- Interagency planning and coordination of services
- Prevention and early intervention with those at risk
- Communication in the primary language of the consumer and family
- Freedom to purchase service elements based on consumer choice and needs
- Recovery and resilience based services

The *Iowa Plan* continues encourage an integrated managed care program to implement both mental health and substance abuse services through a single contractor.

The *Iowa Plan* contractor, Magellan Health Services is at full risk for all Medicaid-funded services and provides specified administrative support for the Department of Public Health-funded delivery system for certain substance abuse services. The contractor is required to:

- Implement a quality assurance process to monitor consistency of access and quality of care
- Focus on best practices within and across the systems
- Support local planning and decision-making through existing de-categorization boards and county Central Point of Coordination, and provider consortium
- Allow flexible and cost-effective use of resources by blending various funding streams

- Individualize services by requiring the consideration of environmental factors in the authorization of services and supports
- Promote an on-going dialogue between the state agencies, consumers, and providers through roundtables for a variety of constituencies
- Eliminate duplication and gaps through a coordinated, consumer-centered treatment planning and administration of services
- Improve consistency through centralized utilization management, quality assurance, provider profiling, statistical reporting, and analysis

The *Iowa Plan* covers both categorically and medically needy individuals eligible through the Iowa Medicaid program. Enrollment in the Iowa Plan is mandatory and automatic for Medicaid beneficiaries which includes approximately 355,000 eligible enrollees ages 0-64, and since July 1, 2010 ages 65+ includes another 27,000 enrollees. The state Medicaid agency oversees this contract.

Adult - New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

Part C. State Plan
Section I. Description of State Services System
Adult

2. New Developments and Issues

New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

The major new development in Iowa is the creation of the DHS Olmstead Plan for Mental Health and Disability Services. In the delivery of service in the state, DHS and stakeholders are looking to all of the state agencies to work collaboratively to provide needed services to those with mental illness and other disabilities.

The work of the MHDS Division is now focused on the DHS Olmstead Plan and each staff is to focus their work to fulfill the Olmstead plan. In addition each state agency has been invited to participate in development of the plan, allowing initiatives underway to be documented in the plan and shared among agencies. The Olmstead Plan is a five year plan that will focus on manageable action steps each year. As we proceed, and as information and services develop and expand, the actions and expected outcomes will coincide with these changes. The Olmstead Plan is meant to be a living document that will give direction, and at the same time be reviewed and amended as needed to best meet the needs of those with mental illness and other disabilities.

The Olmstead Plan is in draft form and available for public comment, allowing those who have experience with mental illness and disabilities to comment, as well as anyone in the community aware of the issues. Each comment is posted so that others can view what has been shared or suggested.

In addition, four public forums are planned throughout the state in the fall of 2010 for those who want to learn, comment and participate in this type of venue. The Olmstead Consumer Task Force, along with members of the Iowa Legislature is co-hosting these public forums with the MHDS.

The other major development is the New National Health Care Bill. The Patient Protection and Affordable Care Act of 2010 and the Health Care and Reconciliation Act of 2010, together referred to as “The Affordable Care Act”, recognizes that prevention, early intervention and treatment of mental health is an integral part of improving and maintaining overall health. Integration of a comprehensive mental health plan into Affordable Health Care is an important goal for Iowa.

A quality mental health and disability service system provides a continuum of effective treatment and services that span healthcare, employment, housing and educational sectors. The DHS Olmstead plan is working to develop a state plan that incorporates these sectors as we invite all of the other state agencies to the table and integrate their individual agency Olmstead plans into one Iowa Olmstead Plan.

Another new change is the provision of mental health services for older Iowans. Effective July 1, 2010, Iowans age 65 and older eligible for Medicaid can receive mental health services through Magellan Health Services.

In June 2010, DHS offered 11 mini grants to be initiated within the Community Mental Health Centers for ninety (90) days. This allowed the Centers to train staff and begin development of an Evidence Based Practice to include Supported Employment, Trauma Focused Care or Wraparound Services. The contract also included an agreement to direct a portion of both the Federal Fiscal Year funding and the State Fiscal year funding to complete the training and begin programming in the same area as focused on in the mini grant.

Adult - Legislative initiatives and changes, if any.

Part C. State Plan
Section I. Description of State Service System
Adult

3. Legislative Initiatives and Changes

Description: Legislative initiatives and changes, if any.

Prior to the start of the 2010 Legislative Session there was significant debate surrounding the possible closure of one of the four Mental Health Institutes (MHI's). An analysis was conducted that looked at existing programs, persons served, physical plant costs, expenses and renovation costs for relocation and review of each MHI was conducted by a governor appointed MHI Task Force. The 2010 Legislative Session ended with no language contained in any piece of legislation addressing any closure or consolidation of the MHI's. However, due to SFY11 budget restraints, a fewer number of beds will be available.

In 2008, legislation called for an update and revision of Chapter 230A of the Iowa Code which related to community mental health centers. In 2010 a bill based on work done by an advisory committee and endorsed by the Mental Health Commission was proposed. Because the legislative session was shortened as a cost saving measure, it was concluded that the legislation needed continued work for consideration in 2011.

Senate File (SF) 2088 passed in 2010 is a lengthy bill related to the reorganization of state government. Contained within this legislation are some sections directly related to mental health services in Iowa. The appendix of this application includes a summary of the pertinent language.

SF 2088 directs the Department of Human Services to adopt rules to require that unless the manufacturer of a chemically unique mental health prescription drug enters into a contract to provide the state with a supplemental rebate, the drug may be placed on the nonpreferred drug list and will be subject to prior authorization before a medical assistance program recipient is able to obtain the drug. The proposed rules are presently in the phase of getting public comment.

SF2088 requires the MHDS Commission (formerly known as the MH/MR/DD/BI Commission) to coordinate activities with the governor's Developmental Disabilities council and the Mental Health Planning Council, created pursuant to federal law. SF2088 clarified and streamlined the work to be done by the MHDS Commission.

Finally, SF2088 directs the division of MHDS to develop a comprehensive five year state mental health and disability services plan to be updated annually and to readopt the plan every five years. The plan shall describe the key components of the state's mental health and disability services system, including the services that are community based, state institution based, regional, or state based. The five year plan and each update shall be submitted annually to the MHDS commission on or before October 30 for review and approval. The MHDS division is taking this opportunity to create a state plan using the

guidelines of Olmstead and will have one plan titled the “Olmstead Plan for Mental Health and Disability Services.

Adult - A description of how the State mental health agency provides leadership in coordinating mental health services within the broader system.

PART C. State Plan
Section I. Description of the State Service System

Adult

4. Description of the States Agency's Leadership

Adult - A description of how the State mental health agency provides leadership in coordinating mental health services within the broader system.

The Iowa Department of Human Services (DHS), specifically the Mental Health Disability Services (MHDS) Division Administrator, Ms. Jeanne Nesbit, is the designated State Mental Health Authority (SMHA) for Iowa. Ms. Nesbit was appointed to her post in December 2009. During the SFY10, the entire DHS was re-organized. There were substantial changes department wide, including the Division of MHDS. MHDS now includes the two state resource centers (Woodward and Glenwood), the four state Mental Health Institutes' (Cherokee, Clarinda, Independence and Mount Pleasant), the Civil Commitment Unit for Sexual Offenders, the two juvenile programs (Eldora and Toledo), the office of facility support, the Bureau of Targeted Case Management and the Bureau of Community Services and Planning (which was the entire MHDS division last year).

The first directive in the Iowa Code for the SMHA is to prepare and administer plans for persons with mental health and developmental disabilities. The SMHA is directed by the legislature to consult with the Department of Public Health, the State Board of Regents (or a body designated by the board for that purpose), the Department of Management (or a body designated by the director for that purpose), the Department of Education, the Department of Workforce Development and any other appropriate governmental body, in order to facilitate coordination of disability services provided in the state. Ms. Nesbit is leading the planning and implementation of the statewide Olmstead Plan for Mental Health and Disability Services. This plan will be providing ongoing direction for the SMHA for years to come. The MHDS division is actively seeking input from all stakeholders in Iowa, including consumers, family members, and providers of all types of services, public and private funders of services, and anyone else who would like to provide input. The Principals, Goals and Objectives of the Olmstead Plan are still in the formation stages, and have been discussed in various areas of this grant. The Olmstead Plan for Mental Health and Disability Services is pointing the direction for the MHDS division in our activities of transformation.

The Director of the Department of Human Services remains Charles Krogmeier. Director Krogmeier was appointed in April, 2009. The agency and division continue to work diligently to provide direction to all Iowans in the Transformation of the Iowa System.

Child - A brief description of how the public mental health system is currently organized at the State and local levels, including the State Mental Health Agency's authority in relation to other State agencies.

Please refer to Section I Adult Sub-section 1.Overview of the State's Mental Health System

Child - New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

Part C. State Plan
Section I. Description of State Service System
Child

2. New Developments and Issues

Child - New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waivers, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements.

Please refer to Part C, Section I, Adult – New Developments and Issues for information that also relates to children.

The Children's Mental Health (CMH) waiver was approved by CMS as a 1915 (c) waiver on July 1, 2010 for an initial 3 years. With this approval, all 7 of Iowa's Medicaid Home and Community Based Services (HCBS) waivers are operating as 1915 (c) waivers. This change moved the CMH out of the Iowa Care demonstration project and will now offer consistency in managing the waiver and in providing quality oversight of the waiver. There were no new services added to the CMH waiver. The State will be looking at adding the Consumer Choices Option to the CMH waiver at a future date. CCO will allow members and their families to self direct some of the services in the CMH waiver. Additional services may be added in the future but will be contingent on need and funding. With the application, the CMH waiver added 10 reserved capacity funding slots for children coming out of MHI's, PMIC's, or out-of-state placements. The reserved capacity will allow 10 children each year to access the CMH waiver if no funding slot is available and they would be placed on the CMH waiting list.

The Department of Human Services is developing a plan for transitioning administration of the remedial services program from its current status as a fee for service plan to inclusion in the Iowa Plan for managed mental health services, under management of Magellan Behavioral Health. A transition committee consisting of providers, DHS staff, and community mental health centers is directed to develop a transition plan by December 31, 2010 and the Department is authorized to implement the plan if the plan meets the legislative intent identified in the legislation. This planning process will also address the need to improve coordination and integration of mental health services and outcomes for children, and align those services with the services and outcomes of the child welfare system. The movement of remedial services to the Iowa Plan has the potential to increase integration and quality of services, as traditional outpatient mental health services and remedial services provided in the home, schools, and community, would be managed through one system.

Child - Legislative initiatives and changes, if any.

Part C. State Plan
Section I. Description of State Service System
Child

3. Legislative Initiatives and Changes

Child - Legislative initiatives and changes, if any.

Please refer to Part C, Section 1, Adult, Subsection 3 in which general legislation impacting both the Adults with SMI and the Children with SED target populations is reviewed.

Legislation specifically related to children's mental health services was included in House File 2526 , Section 31, which addressed the need to improve coordination and integration of mental health services and outcomes for children, and align those services with the services and outcomes of the child welfare system. To further these goals, the Department of Human Services was directed to develop a plan for transitioning administration of the remedial services program from its current status as a fee for service plan to inclusion in the Iowa Plan for managed mental health services, under management of Magellan Behavioral Health. A transition committee consisting of providers, DHS staff, and community mental health centers is directed to develop a transition plan by December 31, 2010 and the Department is authorized to implement the plan if the plan meets the legislative intent identified in the legislation.

The movement of remedial services to the Iowa Plan has the potential to increase integration and quality of services, as traditional outpatient mental health services and remedial services provided in the home, schools, and community, would be managed through one system.

Child - A description of how the State mental health agency provides leadership in coordinating mental health services within the broader system.

Please refer to Adult Section 1, Description of State Mental Health Agency Leadership.

Adult - A discussion of the strengths and weaknesses of the service system.

Part C: State Plan
Section II: Identification and Analysis of Service System's Strengths, Needs, and Priorities
Adult and Child

1. Service System's Strengths and Weaknesses.

A discussion of the strengths and weaknesses of the service system.

Responsibility for the oversight of policy and funding for the mental health and disability service system in Iowa is shared among the Mental Health and Disabilities Services (MHDS) Division and several other entities within or affiliated with DHS.

This past year the MHDS Division began the exhilarating task of developing a comprehensive Olmstead Plan for Mental Health and Disability Services. The framework for this plan entitled "A Life in the Community for Everyone" has included the vision, principles, goals, objectives and strategic priories representing collective thinking and consensus among hundreds of Iowans. Three sets of citizens charged with responsibilities for mental health and disability service system planning, the Olmstead Task Force, the Mental Health and Disability Services Commission and the Mental Health Planning Council have contributed countless hours to discussion of important issues and the identification of priorities for the state of Iowa.

In addition seventeen additional state agencies were invited by the DHS Director to participate in collaborating on the plan to work towards a State Olmstead Plan. This resulted in an amazing opportunity for the state agencies to share with one another the programs, events and opportunities that are present and evolving for persons with mental illness and disabilities in Iowa.

Iowa has a huge investment in developing a State Olmstead Plan, which will include collaboration of DHS and all of the other state agencies. This work has already begun as ten state agencies have already participated in documenting and sharing what they are doing to meet the goals of the Olmstead plan and what additional services/opportunities are being developed in their state agency.

Service System Strengths

1. Iowa is providing education for the general public on the potential for people with mental illness or other disabilities to make positive contributions. The Department of Civil Rights as well as the Department of Public Health, along with DHS and other state agencies has materials to share with the general public.
2. Iowa promotes the importance of full community inclusion for people with mental illness or other disabilities. We have many Iowans with mental illness and disabilities on the State Mental Health Planning Council, The Mental Health and Disabilities Commission and the Olsmstead Task Force, with the State Mental Health Planning Council mandate for a minimum of 51% of the membership being those with mental illness or having a family member with mental illness.

3. 'Think Beyond the Label' campaign implementation in Iowa is aimed at making the business case for hiring people with disabilities. A small business started by and for people with disabilities in northeast Iowa, "Em and Jerri's Coffee Co." is a model for Iowa and the rest of the country.
4. The Iowa Program Assistance Response Team (I-Part) has been successful in addressing behaviors related to co-occurring mental illness and intellectual disabilities.
5. Emergency mental health services are being piloted in areas across the state.
6. Training is an area that has expanded, including training for community based providers including primary care providers and non-prescribing mental health providers.
7. Collaboration with the Department of Education has been critical in providing school-based mental health services and accessing information for educators on children with mental health and disabilities. In collaboration with the Iowa Department of Public Health and other state agencies, the state has addressed methods to reduce suicide risk among teens and young adults. Providing Mental Health First Aid training in the schools and utilizing the Disaster Behavior Health Response Teams has been critical in crisis situations.
8. Iowa is implementing the Pre Admission Screening and Resident Review (PASRR) for persons prior to admission to nursing homes to identify individuals with mental illness or intellectual disabilities and to insure that placement is appropriate and needed services are available.
9. Iowa has focused on improving training in multi-occurring disorders (specifically mental health and substance abuse) utilizing national trainers.
10. Employment for individuals with mental illness
11. Iowa has two systems of care for children covering 12 counties with another region seeking funding.
12. Iowa's Money Follows the Person demonstration is assisting individuals transitioning from facilities to more independent community settings. The Iowa Finance Authority is working to ensure availability of Home and Community Based Service Waive Rent Subsidies for housing.
13. Iowa utilizes several Evidence Based Practices including Assertive Community Treatment, Functional Family Therapy, Cognitive Behavioral Therapy, Supportive Employment Services, Trauma Focused Care, and Co-Occurring Treatment

Service System Needs

1. Iowa needs to continue to improve public awareness by developing a statewide speaker's bureau and video lending library utilizing those with expertise and experience available to present information and raise awareness. A web-based resource library in collaboration with state and other partners needs to be developed to assist community groups in promoting public awareness. Iowa needs to celebrate and gather for many more observances throughout the state.

2. Iowa needs to conduct outreach to families and guardians of individuals with mental illness and other disabilities to raise awareness of support and services available for community living and meaningful employment.
3. New opportunities need to be created for involvement of people with mental illness and other disabilities in DHS policy planning and program development monitoring, in such areas as the DHS response to national healthcare reform legislation, community based services and Health Information Technology.
4. Resources need to be made available to local non-governmental organizations such as service providers and foundations to assist in promoting involvement of people with disabilities on governing boards and advisory groups.
5. There is a need to promote alternatives and complements to hospital-based emergency and inpatient services for urgent behavior health care needs of adults and children through the development and expansion of community-based access centers and crisis stabilization beds.
6. A need exists to expand the capacity of the state mental health facilities as resource centers for the community provider network, in helping individuals to stay in the community after discharge.
7. There is a need to expand access to training and education for consumers, families and other natural supports in behavioral health medication management.
8. Policies and procedures for implementation of new federal requirements need to be developed and implemented to ensure the rights of nursing home residents to choose where they receive their long term support and services, including referral to local contact agencies for options in counseling and transition services
9. Access to training and education for consumers, families and other natural supports needs to be expanded in behavioral health medication management.
10. A curriculum on best practices needs to be developed for individuals (and their families) with multi-occurring diagnoses.
11. There is a need to strengthen accountability for service system outcomes through a data management strategy that informs policy and measures program impact. Capacity and utilization of DHS stored data needs to expand to provide detailed reporting on target populations including demographics, diagnosis, service utilization and outcomes.
12. Iowa needs to explore the expansion of Money Follows the Person.

Priorities

The Olmstead Plan is a living document to be reviewed with DHS and the other state agencies on a regular basis in the next five years, with DHS continuing to move the plan forward.

The priorities for the first year include:

*Emergency Response Services for children and adults
*Taking steps to bring real employment opportunities to individuals with disabilities
*Screenings for older adults with mental health or intellectual disabilities for service needs.

Adult - An analysis of the unmet service needs and critical gaps within the current system, and identification of the source of data which was used to identify them.

Part C. State Plan
Section II. Identification and Analysis of the Service System's Strengths, Needs and Priorities
Adult

2. Unmet Service Needs

Unmet service needs and critical gaps within the current system and identification of the source of data which was used to identify them.

This past year, DHS began development of the Olmstead Plan, as DHS is responsible for management of most of the public resources spent on services and supports for Iowans with Mental Illness and other disabilities.

In the DHS Olmstead Plan there are five Principle Driven Goals that identify needs and critical gaps within the current Mental Health and Disabilities Services system. The source of this information was obtained through the planning team, organized by the Mental Health and Disabilities Services (MHDS) division of DHS. This team included MHDS division staff, staff from the Iowa Consortium for Mental Health and the University of Iowa Center for Disabilities and Development.

The planning team first looked at past Iowa plans to see if there were areas of consensus regarding needs and future directions that could be build upon. The team also looked at ways that other states organized the complex issues related to mental health and disability service plans. A basic frame work was outlined and additional stakeholders were invited to review and add to the framework. The stakeholders were asked to describe what a fully transformed; effectively working system would look like. A set of guiding principles were developed for the planning process.

<u>Principles Guiding the Transformed System</u>

- Public awareness and inclusion…Iowans increasingly recognize, value and respect individuals with mental illness or disabilities as active members of their communities.
- Access to services and supports… Each adult and child has timely access to the full spectrum of support and services needed.
- Individualized and person-centered…Communities offer a comprehensive, integrated and consistent array of service and supports that are individualized and flexible.
- Collaboration and partnership in building community capacity…State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work and recreate in communities of their choice.
- Workforce and Organizational Effectiveness…Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.
- Empowerment…communities recognize and respect the ability of people to make informed choices about their personal goals, about the activities that will make

their lives meaningful, and about the amounts and types of services to be received and to understand the consequences and accept responsibility for those choices.

- Active Participation…Individuals and families actively participate in service planning; in evaluation effectiveness of providers, support and services; and in policy development.
- Accountability and results for providers…Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people
- Responsibility and accountability for government… Adequate funding and effective management of support and services promotes positive outcomes for Iowans.

Then five goals areas were identified including:

1. Welcoming Communities
2. Access
3. Capacity
4. Quality
5. Accountability

Included in the five Principle Driven Goals are strategies identified that will address the needs and gaps. The stakeholders will then develop specific action steps and timelines to address each strategy.

Service needs and gaps:

Through discussion with within DHS and externally with stakeholders, 11 draft priorities were identified:

1. Education for the general public and target audiences on the potential of people with mental illness and other disabilities to make positive contributions.
2. Need to promote the importance of full community inclusion for people with mental illness or other disabilities
3. Improve access to services for individuals in crisis and their families
4. Strengthen assessments through adoption of appropriate tools and process to ensure appropriate services and settings.
5. Support competitive employment for people with mental illness or other disabilities.
6. Further develop and sustain children's mental health systems of care.
7. Enhance services and supports to assist individuals in moving to settings that offer optimal community integration.
8. Promote evidence-based, best and emerging practices.
9. Develop and expand staff competencies
10. Implement an effective performance and accountability infrastructure
11. Develop a plan for long term system financing

There are a variety of gaps and unmet needs in Iowa's public mental health system. Among those viewed as priorities are:

1. Inadequacy of information systems capacity, with a particular focus on outcomes: While the county management information system (COMIS) allows for quantification of some aspects of access to specific services, there is not adequate means of quantifying quality of care across the state. There is a need to a) identify a meaningful set of outcome measures that can be practically gathered across delivery sites, b) train and incent providers in their use, and c) develop methods to aggregate and feedback these data to providers, payers, consumers and other stakeholders. The data source is more of a "lack of data source" for this unmet need. And, until Iowa has the capacity and sufficient amount of input of data, it is quite difficult and unreliable to determine unmet needs based on what data is available.
2. Inequities in access to and quality of mental health services across the state: There is variability from county to county in terms of eligibility for, and availability of high quality mental health services. Information from counties regarding the specific services available in each county's annual management plans outline a variance of available services and how services are accessed by consumers.
3. Limitations in educational opportunities for front-line mental health staff. Ultimately the quality of a system depends upon the quality and abilities of the direct service staff. More must be done to ensure adequate educational and developmental opportunities for mental health staff, clinical supervisors, consumers, families and others involved with the overall system. Information gathered annually from providers indicates the ongoing need to train clinicians. This is especially true in regard to Evidence Based Practices, use of data, and systems of care service models.
4. A limitations of available state funding to fully implement recommendations to address some of above needs result in the unmet needs of the system to continue. To promote change in practice and policy, a certain level of funding is necessary. As with other states across the nation, future available state funding is projected to either stay at current levels or be decreased.

Adult - A statement of the State's priorities and plans to address unmet needs.

Section II. Identification and Analysis of the Service System's Strengths, Needs and Priorities
Adult

3. Plans to address Unmet Needs

Addressing the prioritized Unmet Needs in the previous subsection of this application, the following work is being done to address those priorities.

1. By June 30th, 2011 all counties will be providing client specific information to the Department of Human Services through a central management information system. This system will greatly enhance client detail and provide client demographic information which conforms to many of the reporting requirements of the Uniform Reporting System. The improved quality of the information will allow the department to un-duplicate all clients served through state and county funding.

2. The SMHA is announcing the use of the CHI and CHI-C as the client survey tool. The CHI and the CHI-C are supported by the State's Behavioral Health Care Contractor, which will be providing analysis for the program. The tool is currently being offered to clients and families of children being funded through Medicaid and will soon be offered to all clients receiving mental health services through Community Mental Health Centers and other mental health providers. The SMHA will be receiving feedback from both Medicaid and non-Medicaid funded clients. The tool is computer based and currently participation is voluntary.

3. The Division of Mental Health and Disability Services along with the Behavioral Health Care Contractor, Magellan of Iowa, will be announcing the recipients of local Crisis Stabilization grants. This project is the first of many to create a statewide Crisis Stabilization system. The goal is to prevent inpatient services and to stabilize persons in a mental health crisis in their community with as little disruption to their lives as possible.

4. The SMHA will continue to provide training and support for therapists and other mental health providers in the area of Evidence Based Practices. Every year the Consortium for Mental Health conducts trainings to help implement the EBP's chosen by the MHBG grantees.

Adult - A brief summary of recent significant achievements that reflect progress towards the development of a comprehensive community-based mental health system of care.

Part C, State Plan
Section II, Description of State Service System
Adult

4. Recent Significant Achievements

A brief summary of the recent significant achievements that reflect progress towards the development of a comprehensive community-based mental health system of care.

Olmstead Plan for Mental Health and Disability Services
The State of Iowa is developing an Olmstead Plan for Mental Health and Disability Services. The MHDS division is actively seeking input from all stakeholders in Iowa, including consumers, family members, and providers of all types of services, public and private funders of services, and anyone else who would like to provide input. A website has been developed to encourage input. Progress on this plan can be followed at http://iowamhdsplan.org/

The Principals, Goals and Objectives of the Olmstead Plan are still in the formation stages. At this time we have established 5 major goal areas:

1. Communities: Welcoming communities that promote the full participation of Iowans with mental illness or disabilities.
2. Access: Increased access to information, services and supports that individuals need to optimally olive, learn, work and recreate in communities of their choice.
3. Capacity: a full array of community based services and supports that are practically available to all Iowans.
4. Quality: High quality services and supports.
5. Accountability: Clear accountability for achieving services results for Iowans that support individuals to live, learn, work and recreate in communities of their choice.

The Olmstead Plan for Mental Health and Disability Services is pointing the direction for the MHDS division in our activities of transformation.

Expansion of the *Iowa Plan* for Behavioral Health to Include Mental Health Services for Older Iowans
Effective July 1, 2010 the Department of Human Services expended the contract with Magellan Health Services to include mental health services for Iowans age 65 and older.

Integration of a Comprehensive Mental Health Plan into Affordable Health Care
The MHDS Division will hire a staff person dedicated to the inclusion of mental health services into the overall plan for Iowa to move into compliance with the National Affordable Health Care Plan. It is essential that the needed data is collected and compiled to assure that the mental health services needed by Iowans is a part of the overall health care available through the Affordable Health Care Plan implemented in Iowa.

Emergency Mental Health Services
The MHDS division plans to integrate existing Mental Health and Disability Services funds designated for emergency mental health services with Magellan reinvestment funds distributed

through a competitive request for proposals (RFP) process in SFY 11 to begin infrastructure development and provision of emergency mental health services in designated areas. Development of emergency and crisis mental health services is a key goal in the DHS Olmstead Plan as a method of reducing reliance on emergency rooms and inpatient hospitals for crises experienced by individuals with mental health and other disabilities.

Mental Health First Aid (MHFA)
The MHFA training course can be (and have been) taken by any member of the public. Most participants choose to do the course for one of three reasons: their work involves people contact, they have someone close who is affected by a mental health problem, or they see it as their duty as a citizen to learn first aid skills. It is emphasized that the course is not therapy and that it is not a substitute for getting professional help. The training also emphasizes to participants that the course does not qualify them to be a counselor, just as a conventional first aid course does not qualify someone to be a doctor or a nurse. Its role is to promote first aid—the initial help that is given before professional help is sought. In 2010 approximately 700 individuals have participated in this training, and 30 individuals are being trained as trainers. In 2011 we hope to train approximately 1200 individuals.

Disaster Behavioral Health Response Training
In June of 2009, the Division of Mental Health and Disability Services developed a Disaster Behavioral Health Response Team, utilizing volunteers to respond to the mental health needs of Iowans following disasters and critical incidents. The state is divided into six regions and the Disaster Behavioral Health Response Team, consisting of over 400 trained members, can be deployed anywhere in Iowa. These teams respond when local resources have been depleted or are insufficient. The goal of the team is to provide an organized response to victims, families, volunteers, first responders, survivors and others affected in order to lessen the mental health effects of trauma. Disaster Behavioral Health Response Team members are trained in wide range of response skills including but not limited to: Psychological First Aid, Critical Incident Stress Management, Mental Health First Aid and Basic Disaster Training. The Division has trained over 2220 individuals in the past year to enhance the state's capability to respond to traumatic events.

Within the first year of existence the team has been deployed for numerous natural disaster events and other critical incidents across the state.

Co-occurring Psychiatric and Substance Abuse Disorders Competency and Programs
Recognizing that individuals with co-occurring psychiatric and substance abuse disorders are an expectation, not an exception, DHS, in partnership with Iowa Department of Public Health, has implemented a series of trainings for mental health and substance abuse service providers and other interested stakeholders geared to promote the system changes needed to provide more welcoming, accessible, comprehensive, continuous, integrated services to individuals and families with co-occurring disorders. The trainings, and onsite agency guidance, incorporate an integrated treatment philosophy and common language using the guiding principles developed by the group to develop specific strategies to implement clinical programs, procedures and practices in accordance with the principles throughout the systems of care. The goal of the trainings is to significantly improve the delivery of care for individuals with co-occurring,

psychiatric and substance disorders throughout the entire service system. A system change will also create new and welcoming places for individuals to enter the system and receive the care they need.

This initiative has continued to grow. One hundred and ninety five people representing one hundred and twenty-seven agencies were involved with the trainings in FY2010. These agencies have formed an official organization, Iowa Co-occurring Recovery Network or ICORN. The purpose of ICORN is to be a resource for agencies and communities in the implementation of the co-occurring model. ICORN has leadership group consisting of 13 members. The goal for Iowa is to continue to expand the number of agencies in Iowa who actively participate in the Co-occurring training and process.

Adult - A brief description of the comprehensive community-based public mental health system that the State envisions for the future.

Part C. State Plan
Section II. Identification and Analysis of the Service System's Strengths, Needs and Priorities
Adult

5. State's Vision for the Future

A brief description of the comprehensive community-based public mental health system that the State envisions for the future.

The SMHA of Iowa, along with numerous stakeholders, is in the process of creating the *Olmstead Plan for Mental Health and Disability Services*. The vision of the plan is:

A LIFE IN THE COMMUNITY FOR EVERYONE

Principles Guiding a Transformed System

1. **Public awareness and inclusion**....Iowans increasingly recognize, value, and respect individuals with mental illness or disabilities as active members of their communities.

2. **Access to services and supports**….Each adult and child has timely access to the full spectrum of supports and services needed.

3. **Individualized and person-centered**….Communities offer a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.

4. **Collaboration and partnership in building community capacity**….State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.

5. **Workforce and Organizational Effectiveness**….Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.

6. **Empowerment**….Communities recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the consequences and accept responsibility for those choices.

7. **Active Participation**….Individuals and families actively participate in service planning; in evaluating effectiveness of providers, supports and services; and in policy development.

8. **Accountability and results for providers**….Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.

9. **Responsibility and accountability for government**….Adequate funding and effective management of supports and services promotes positive outcomes for Iowans.

Supported by the following goals:

1. Communities: Welcoming communities that promote the full participation of Iowans with mental illness or disabilities. *(Principle 1)*

2. Access: Increased access to information, services and supports that individuals need to optimally live, learn, work and recreate in communities of their choice. *(Principle 2)*

3. Capacity: A full array of community based services and supports that are practically available to all Iowans. *(Principles 3 and 4)*

4. Quality: High quality services and supports. *(Principles 5, 6, and 7)*

5. Accountability: Clear accountability for achieving service results for Iowans that support individuals to live, learn, work and recreate in communities of their choice. *(Principles 8 and 9)*

Child - A discussion of the strengths and weaknesses of the service system.

Please refer to Adult Section II: Subsection 1, Strengths, Needs, and Priorities.

Child - An analysis of the unmet service needs and critical gaps within the current system, and identification of the source of data which was used to identify them.

Part C. State Plan
Section II. Identification and Analysis of the Service System's Strengths, Needs and Priorities
Child

2. Unmet service needs

Unmet service needs and critical gaps within the current system and identification of the source of data which was used to identify them.

Please refer to Part C, Section II, Adult, sub-section 2. The unmet service needs in that section also apply to children with SED and their families. In addition, the issues described below are specifically relevant to children with SED.

Children with SED and their families are not able to consistently receive the full array of community based services available for children with mental health needs. In some cases, families are not fully utilizing services available through Medicaid due to lack of knowledge of available services. Families without Medicaid may be referred to remedial or other community-based services but are unable to access them due to lack of funding. In most cases, children who are not receiving the CMH waiver, System of Care, or DHS-Child Welfare services receive no case management or care coordination, other than what the parent is available to provide. Parents express their frustration with this lack of coordination as many do not have knowledge of all of the available services and funding streams, and struggle to access needed services. The need for care coordination for children with SED has been identified as a critical service gap by families, stakeholders, and DHS leadership.

There has been continued focus from the SMHA to support existing Systems of Care and to support the application for a second SAMHSA System of Care grant. Numbers of children accessing the Children's Mental Health Waiver have increased; however, the waiting list to be considered for a waiver slot has also increased. There are currently 670 children receiving CMH waiver services, 134 slots pending approval of the child's application, and 650 children on the CMH waiver waiting list. (Iowa Medicaid Enterprise Website Monthly Slot and Waiting List Data, August 2010). Options remain limited for children with SED and their families who need immediate assistance or those who do not live in an area served by a System of Care.

Due to the lack of crisis intervention and stabilization services, families utilize acute mental health care interventions such as involuntary commitment, PMIC placement, or petitioning of the court to deem their child a Child in Need of Assistance. Individual counties or DHS service areas may offer special projects or services to children with mental health issues, but are not required to, therefore families do not have statewide access to a full array of community based mental health services and supports that can help divert children with SED from higher end, more restrictive placements. Crisis intervention services are slated to be offered in pilot projects in SFY 11, with the intention to expand such services statewide.

Children placed out of state to receive residential treatment for mental health needs continue to be of serious concern to DHS. In SFY09, 48 children received treatment in an out of state

psychiatric residential treatment facility. In-state PMIC providers continue to work with Medicaid to address the barriers to serving these children within Iowa facilities.

Child - A statement of the State's priorities and plans to address unmet needs.

Part C. State Plan
Section II. Identification and Analysis of the Service System's Strengths, Needs and Priorities
Child

3. Plans to address unmet needs

Statement of the State's priorities and plans to address unmet needs.

Please refer to Part C, Section II, Adult, sub-section 3. The plans to address unmet service needs in that section also apply to children with SED and their families. In addition, the issues described below are specifically relevant to children with SED.

As described in other sections of this grant, Iowa currently has two Systems of Care, serving 12 of Iowa's 99 counties. An application for a second SAMHSA funded System of Care, that would serve 5 counties, has been submitted and a decision from SAMHSA is expected in September 2010. Another community in North Central Iowa is organizing a local stakeholder group to start the development of a System of Care. Mental Health Block Grant funds have also been used to support development of Wraparound services in several communities. Through this expansion of Systems of Care, access to care coordination would be increased to the population of children with SED. DHS is also considering other possible methods of funding in order to increase access to care coordination as it is currently not a Medicaid-billable service.

Iowa's Children's Mental Health Waiver is reserving 10 slots for children returning to the community from PMIC, State Mental Health Institutes, or out of state placements. This will enable children in need of services to bypass the waiting list that exists for the Children's Mental Health Waiver and assist in successful transition.

Crisis intervention services for individuals of all ages are slated to be offered in pilot projects in SFY11, with the intention to expand such services statewide. Iowa's managed care provider for behavioral health will be leading this effort, with MHDS providing financial support and guidance for services to the non-Medicaid population. The goal is to develop one crisis intervention system that meets the immediate mental health needs of children and adults regardless of insurance status or place of residence.

DHS is continuing to examine the needs of children placed out of state due to lack of available treatment resources within the state of Iowa. The process by which children are referred to out of state facilities, the payment structure for in-state vs. out of state providers, and the supports needed to successfully bring these children home to Iowa are all issues that are being scrutinized by DHS in order to develop alternatives for this population of children. Work continues between Medicaid and the in-state PMIC providers to develop an acuity index that would reimburse providers based on the acuity of the children that they serve, in order to provide the reimbursement needed for providers to serve these children within Iowa facilities.

Child - A brief summary of recent significant achievements that reflect progress towards the development of a comprehensive community-based mental health system of care.

Part C. State Plan
Section II: Identification and Analysis of Service System's Strengths, Needs, and Priorities Child

4. ***Summary of Recent Significant Achievements***

Summary of recent significant achievements that reflect progress toward the development of a comprehensive community-based mental health system of care.

Please refer to the Adult Part C, Section II, sub-section 4 for information on significant achievements that impact both the child and adult mental health systems.

Systems of Care Development

The Community Circle of Care(CCC) in northeast Iowa continues to serve approximately 500 children a year with Serious Emotional Disturbance with over 90% of children served successfully remaining in the least restrictive environment, and 98% of children served were not involuntarily committed for inpatient mental health services. The lead agency for this System of Care is the Child Health Specialty Clinic. More details regarding this SAMHSA sponsored project can be found in Section III, Criterion 1: Establishment of a System of Care.

The Central Iowa System of Care (CISOC) in Polk and Warren Counties is a state-funded System of Care operating from a two year state grant. The lead agency is the Child Guidance Center, a community mental health center for children. CISOC has just completed the first year of its contract, and has served 52 children with SED in the two county service area. 88% of those served have remained in the least restrictive environment and 100% of children served were not involuntarily committed for inpatient mental health services. In year 2 of the grant, CISOC projects to serve 80 children with SED in the two county catchment areas. More details regarding this SAMHSA sponsored project can be found in Section III, Criterion 1: Establishment of a System of Care.

MHDS, in collaboration with the East Central Iowa Children's Mental Health Initiative, submitted an application for a SAMHSA System of Care grant in December 2009. This application was a community-driven, collaborative effort among stakeholders and families in the five-county catchment area, county mental health leadership, and MHDS. A decision from SAMHSA is expected in September 2010.

Child - A brief description of the comprehensive community-based public mental health system that the State envisions for the future.

See Section II Adult Subsection 5 State's Vision for the Future

Adult - Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.

Part C. State Plan
Section III. Performance Goals and Action Plans to Improve the Service System

Adult

Criterion 1: Comprehensive community-based mental health services
(a) Establishment of Systems of Care

> *Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.*

The Iowa Division of Mental Health and Disability Services is in the process of creating and implementing a five year Olmstead Plan for Mental Health and Disability Services. The Plan has nine guiding principles for the transformation of the Iowa Disability System. One of those principles is 'Access to services and supports…Each Adult and child has timely access to a full spectrum of supports and services needed.'

Currently, Iowa is in the process of awarding grants for two to three pilot programs for Crisis-Stabilization Services with the objectives of:

- Reducing the number of court ordered evaluations at the inpatient level of care when a more appropriate community based level of care is indicated
- Reducing the reliance on hospitals for short term, one day admissions and
- Appropriately providing a behavioral health assessment, crisis response and treatment planning within the community setting.

The programs are to serve multiple counties and are supported locally by law enforcement, county officials, city officials, hospitals, mental health providers, and local citizens.

The Iowa SMHA and the Iowa Plan administrative entity, Magellan of Iowa, combined financial resources to make this opportunity happen. The pooling of funds allowed for more pilots which encompassed larger geographical areas to be funded. The long term goal is to have this program available statewide.

Iowa has recently begun a new focus in the area of trauma informed care service delivery model. Trauma-informed programs and services represent the "new generation" of transformed mental health and allied human services organizations and programs which serve people with histories of violence and trauma. Trauma survivors and consumers in these programs and services are likely to have histories of physical and sexual abuse and other types of trauma-inducing experiences, which often lead to mental health and other types of co-occurring disorders such as health problems, substance abuse problems and contact with the criminal justice system.

When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma impacts the life of the

individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so these services and programs can be more supportive and avoid re-traumatizing the client.

The SMHA recently awarded short term contracts to nine community mental health centers to begin planning, assessing their agencies' readiness, and developing strategies to create not only agency environments but community environments reflective of trauma informed care.

Creating trauma informed environments will result in more consumers and families, suffering from trauma, able to access services in an empathetic system. Iowa's mental health system is anticipating reaching, through trauma informed care service delivery, veterans, children and family members of military personnel either deployed or returning from deployment.

Another continuing effort in Iowa is the Mental Health First Aid Training. This training and community education opportunity is very much in sync with the development of systems of care. Individuals who have taken the training are able to identify symptoms of possible mental health/substance abuse issues. The training has helped 'de-stigmatize' Mental Illness and has individuals better understand Mental Illness and the need for Mental Health Services.

The trainings started in 2008 and as of State Fiscal Year 10, Iowa has 41 certified trainers of Mental Health First Aid located in community mental health centers, secondary schools, county and private human service agencies, colleges, public health agencies, and other public and private entities. These agencies provide Mental Health First Aid courses to the public at low or minimal cost in order to increase mental health literacy and education of the general public, reduce stigma regarding mental health problems, and increase the ability of the public to respond positively to a mental health crisis. In SFY10, approximately 700 Iowans have completed the Mental Health First Aid training. People who have taken the course have noted that the information presented in the program is of the type that is not always available or understandable in other venues. Evaluations of the course have been positive and have expressed the need for this course to be expanded and/or offered in greater numbers and locations.

Currently, the SMHA has plans for another "Train the Instructor" course that will be offered at no cost to the participants. Approximately 30 individuals will be trained as instructors. This instructor class includes representatives from the Iowa Law Enforcement Academy who are interested in incorporating MHFA into the law enforcement training curriculum. Other attendees include providers of disability services, mental health services, consumer and family advocates, educational system representatives from the secondary and college level, and veteran's affairs representatives.

In June of 2009, the Division of Mental Health and Disability Services developed a Disaster Behavioral Health Response Team, utilizing volunteers to respond to the mental health needs of Iowans following disasters and critical incidents. The state is divided into six regions and the Disaster Behavioral Health Response Team, consisting of over 400 trained members, can be deployed anywhere in Iowa. These teams respond when local resources have been depleted or are insufficient. The goal of the team is to provide an organized response to victims, families, volunteers, first responders, survivors and others affected in order to lessen the mental health effects of trauma. Disaster Behavioral Health Response Team members are trained in wide range of response skills including but not limited to: Psychological First Aid, Critical Incident Stress Management, Mental Health First Aid and Basic Disaster Training. The Division has trained over 2220 individuals in the past year to enhance the state's capability to respond to traumatic events.

Within the first year of existence the team has been deployed for numerous natural disaster events and other critical incidents across the state.

Adult - Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services in the comprehensive system of care to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:

Health, mental health, and rehabilitation services;
Employment services;
Housing services;
Educational services;
Substance abuse services;
Medical and dental services;
Support services;
Services provided by local school systems under the Individuals with Disabilities Education Act;
Case management services;
Services for persons with co-occurring (substance abuse/mental health) disorders; and
Other activities leading to reduction of hospitalization.

Part C: State Plan
Section III: Performance Goals and Action Plans to Improve the Service System

A. Adult Plan

1. Current activities
Criterion 1: Comprehensive community-based mental health services
(b) Available Services

Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services in the comprehensive system of care to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:

- *Health, mental health, and rehabilitation services;*
- *Employment services;*
- *Housing services;*
- *Educational services;*
- *Substance abuse services;*
- *Medical and dental services;*
- *Support services;*
- *Services provided by local school systems under the Individuals with Disabilities Education Act;*
- *Case management services;*
- *Services for persons with co-occurring (substance abuse/mental health) disorders; and*
- *Other activities leading to reduction of hospitalization.*

1. Health, Mental Health, and Rehabilitation Services

Iowa's Medicaid Behavioral Health contractor is Magellan Health Services for mental health and substance abuse services. Iowa's managed care plan for mental health and substance abuse services for Medicaid eligible individuals is called The Iowa Plan and covers approximately 355,000 eligible enrollees ages 0 to 64. As of July 1, 2010 Magellan also began serving the population of those 65 and older (approximately 27,000 enrollees), improving access for older persons to mental health and substance abuse services. Magellan maintains a network of appropriately credentialed mental health service/substance abuse providers to assure availability of the following services to meet the behavioral needs of eligible enrollees. Covered services are those that are included in the Iowa Medicaid Program and are reimbursed for all non-Iowa Plan beneficiaries through the Iowa Medicaid Enterprise (IME). The Contractor maintains a network of appropriately credentialed mental health service providers to assure availability of the following services to meet the mental health needs of eligible enrollees:

- ambulance services for psychiatric conditions;
- emergency services for psychiatric conditions, available 24 hours per day, 365 days per year;
- inpatient hospital care for psychiatric conditions;
- dual diagnosis mental health and substance abuse treatment provided at the state mental health institute at Mount Pleasant;
- outpatient hospital care for psychiatric conditions, including:
    - intensive outpatient services;
    - individual and group therapy;
    - medication administration;
    - activity therapies (within the milieu of placement, not as a stand-alone service);

    - family counseling;
    - partial hospitalization;
    - day treatment;
- psychiatric physician, advanced registered nurse practitioner services, and physician assistant services including consultations requested for Enrollees receiving treatment for other medical conditions;
- specified mental health services provided by non-psychiatric physicians, advanced registered nurse practitioners, and physician assistants (psychical examinations performed for a patient admitted for mental health services to an inpatient setting when the inpatient admission is authorized or after the 12th office visit for mental health by a non-psychiatric physician)
- services of a licensed psychologist for testing/evaluation and treatment of mental illness;
- services in state mental health institutes for Enrollees under the age of 21 or through the age of 22 if the Enrollee is hospitalized prior to the Enrollee's 21st birthday;
- services in state mental health institutes for Enrollees 65 and over;
- services provided through a community mental health center, including:
    - services of a psychiatrist;
    - services of a clinical psychologist;
    - services of a licensed social worker;
    - services of a psychiatric nurse;
    - day treatment;
- home health services;
- Targeted Case Management services to Enrollees with chronic mental illness;
- medication management and counseling by appropriately credentialed professionals such as pharmacists, or physician assistants;
- psychiatric nursing services by a home health agency;
- psychiatric or psychological screenings required subsequent to evaluations for persons applying for admission to nursing homes;
- services of a licensed social worker for treatment of mental illness and serious emotional disturbance;
- mobile crisis services;
- mobile counseling services;
- programs of Assertive Community Treatment;
- mental health services determined necessary subsequent to an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program screening, and
- second opinion as medically necessary and appropriate for the Enrollee's condition and identified needs from a qualified health care professional within the network or arranged for outside the network at no cost to the Enrollee.

Additional Required Services in the Iowa Plan

Although not covered in the fee-for-service Iowa Medicaid Program, the following services are required of the Contractor as appropriate ways to address the mental health needs of enrollees. The Contractor must expand availability of all required services assuring system capacity to meet the needs of Iowa Plan enrollees. These additional required services are:

- services for those diagnosed with both chronic substance abuse and chronic mental illness (services for the dually diagnosed)
- Level I Sub-acute Facilities delivering 24-hour stabilization services;
- 23-hour observation in a 24-hour treatment facility;
- case consultation by a psychiatric physician to a non-psychiatric physician;

- integrated mental health services and supports (see Section 4A.4.1);
- intensive psychiatric rehabilitation services;
- focused case management;
- peer support services for persons with chronic mental illness;
- community support services; Community support services include:
    - monitoring of mental health symptoms and functioning/reality orientation
    - transportation
    - supportive relationship
    - communication with other providers
    - ensuring Enrollee attends appointments and obtains medications
    - crisis intervention and developing of a crisis plan
    - coordination and development of natural support systems for mental health support;
- stabilization services;
- in-home behavioral management services;
- behavioral interventions with child and with family;
- respite services
- family therapy to family members of a child in order to address the mental health needs of that child;
- reimbursement to appropriately credentialed/trained clinicians for administration of an appropriate level of functioning assessment to each Iowa Plan Enrollee who meets the criteria of either a child with a serious emotional disability or a person with serious and persistent mental illness; the scale shall be repeated at intervals recommended by the selected scale; the final determination of the scales shall be made by DHS following negotiation with the selected Contractor and the Iowa Plan Clinical Advisory Committee;
- specified services to adults admitted to a state mental health institute
- court-ordered mental health services if clinically appropriate or up to 5 days for a mental health assessment
- services to address the mental health needs of children in the adoption subsidy program

County Based Services

County governments have historically paid for many of the mental health services available in the state. The State of Iowa began a property tax relief program, in 1996, to provide financial relief to the property tax payer of Iowa for the increasing costs of the disability services that counties were funding. This partnership between the state and the counties included some basic changes to the county based system. Each county was mandated to hire a person to serve as the Central Point of Coordination (CPC) Administrator of the Mental Health, Intellectual, and Development Disability funding system to have a county management plan describing the criteria for eligibility (financial and disability) and what services the county will fund. The state legislature set a minimum financial requirement of 150% of poverty and $2000/$3000 in resources (individual/family). Some counties have chosen to serve persons above that level for some services.

Property tax relief and growth payments, from the State to the Counties, are combined with property tax dollars raised by the counties to fund disability services. Counties continue to be financial partners in the provision of mental health and other disability services in the state. Even though the legislation places the responsibility for development and implementation of County Management Plans on Iowa's counties, each county controls their service system infrastructure that is not funded by Medicaid. Through local control each county prioritizes needs, develops

plans, establishes system goals and indicators, identifies consumer outcomes, and allocates resources.

The county system provides funding for services to persons with Mental Health, Intellectual, and Developmental Disabilities who may or may not be eligible for Medicaid. Iowa counties fund mental health services, mental health hospitalizations (and those services associated with involuntary hospitalizations), community support services, facility based residential services, work and/or day activity services.

Changes in the state and local economies have caused some (5 in SFY2011, so far) counties to initiate waiting lists. However, most counties with waiting lists are not including outpatient services on the waiting list. Commitment services for psychiatric hospitalization services cannot be reduced or eliminated by counties, nor can outpatient commitment services.

Whether federal, state, county, or other funding streams are used to pay for mental health services, those services are provided to eligible Iowans by a system that incorporates a variety of elements. A brief description follows.

Mental Health Institutes (MHI)
The Iowa Department of Human Services oversees four MHIs, located in Cherokee, Clarinda, Independence and Mount Pleasant. The MHIs provide critical access to quality acute psychiatric care for Iowa's adults and children needing mental health treatment, and provide specialized mental health-related services, including substance abuse treatment, dual diagnosis treatment for persons with mental illness and substance addiction, psychiatric medical institution for children (PMIC), and long-term psychiatric care for the elderly (geriatric-psychiatric).

All four MHIs are licensed as hospitals and provide services via a total of:

- 105 beds of inpatient psychiatric services to adults;
- 37 beds of inpatient psychiatric services to children and adolescents;
- 30 beds of geriatric psychiatric services;
- 15 beds of dual diagnosis services;
- 30 beds of PMIC services; and
- 50 beds of residential-level substance abuse services.

During SFY10, the numbers of adult psychiatric beds were reduced by 15 and the numbers of geriatric psychiatric beds were reduced by 5.

Specialized Psychiatric Units in General Hospitals
There are twenty –seven general hospitals in Iowa which have licensed psychiatric units with a total capacity of 617 beds (471 Adult, 90 children/adolescents-with 20 of those beds for patients >16 w/SA issues, and 56 geriatric beds). While more concentrated in metropolitan and urban areas, psychiatric hospital services are available within a 60-75 minute drive anywhere in the state. The past decade has seen the closing of six inpatient psychiatric service facilities.

Community Mental Health Centers and other Community Mental Health Providers

Thirty-three Iowa agencies are accredited by the Division of Mental Health and Disabilities Services as Community Mental Health Centers (CMHCs). Twenty-six additional agencies are accredited Mental Health Service Providers.

CMHCs serve a defined catchment area, ranging from one county to seven counties. Other Mental Health Service Providers generally serve a specific geographic area. These agencies may be accredited to provide any of the following services: partial hospitalization, day treatment/intensive outpatient, psychiatric rehabilitation, supported community living, outpatient, emergency, and evaluation. Rules for the accreditations are found in Iowa Administrative Code 441--Chapter 24.

Mental Health Professionals Statewide

There are approximately 227 psychiatrists in the State of Iowa (193 Adult, 31 Child). The majority of the psychiatrists practice in metropolitan or urban counties. A secondary concentration is found in or near those counties with a psychiatric institution, an MHI or a VA Hospital. There are, according to the professional licensing boards' website: 1179 licensed psychologists; 60 Nurse Practitioners and Physicians Assistants with a Mental Health Specialty; 7612 social workers which includes independent (which requires a masters in social work and additional experience), bachelor level, Masters level, and licensed independent mental health counselors. There are 324 licensed marital and family therapists and 1321 licensed Mental Health Counselors.

As of January 2010 the federal Mental Health Care Designations listed 2 areas covering nine counties as a geographic high need area and another 14 areas covering 80 counties as having a MH care shortage. Only 10 counties were determined to have enough MH Care services to not be eligible for a Mental Health Care Designation. Not surprisingly, these 10 counties are in the larger urban areas.

Residential Care Facilities for Persons with a Mental Illness

The Iowa Department of Inspections and Appeals (DIA) licenses Residential Care Facilities for Persons with a Mental Illness (RCF/PMI). Thirteen programs with 284 beds are currently licensed. These programs provide care in residential facilities to persons with severe psychiatric disabilities who require specialized psychiatric care. While they are scattered around the state, these programs are not readily available in every locale.

Intermediate Care Facilities for Persons with a Mental Illness

The Department of Inspections and Appeals also licenses Intermediate Care Facilities for persons with a mental illness (ICF/PMI). These programs provide care at the intermediate nursing level to persons who also have specialized psychiatric care needs. They may participate in Medicaid, if they wish, as a Nursing Facility for Persons with a Mental Illness (NF/PMI). Medicaid will only fund persons 65 and over in this setting. Currently only one Iowa program (other than the geriatric-psychiatric program at the state MHI) holds this licensure with a capacity of 25. This number is expected to change in September 2011 when another facility will be opening in Lee County. County governments pay for the level of care for those not eligible for Medicaid.

Rehabilitation Services

Intensive Psychiatric Rehabilitation, a program that incorporates recovery-oriented principles as part of a public sector managed care carve-out. IPR is guided by the values of consumer involvement, empowerment, and self-determination. Its mission is to provide enhanced role functioning accomplished through strategies for readiness, skill, and support development.

IPR provides services to adults with a serious and persistent mental illness who are interested in making a community 'role recovery' within the next six months to two years. The concept of role recovery is to engage or re-engage individuals in personally meaningful community roles. The purpose of intensive psychiatric rehabilitation services is to assist the person to choose, obtain get and keep valued roles and environments. The four specific environments and roles in which psychiatric rehabilitation will assist the individual are living, working, learning, and social interpersonal relationships.

Habilitation Services

Habilitation Services is a Medicaid program which provides waiver like services to individuals meeting the criteria of chronic mental illnesses. The goal is to separate rehabilitative and non-rehabilitative services into distinct programs in order to continue the services needed by Iowans, while at the same time assuring that the state remains in compliance with federal regulations. These general services include the following: Home-based Habilitation which is individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Home-based habilitation also includes personal care and protective oversight and supervision.

Day Habilitation consists of assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that take place in a non-residential setting, separate from the participant's private residence. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. Services are furnished 4 or more hours per day on a regularly scheduled basis for 1 or more days per week or as specified in the participant's service plan. Day habilitation services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the service plan.

Vocational (pre-employment) Habilitation includes services that prepare a participant for paid or unpaid employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at a generalized result. Services are directed to habilitative rather than explicit employment objectives.

Supported Employment Habilitation are services that consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assisting the participant to

locate a job or develop a job on behalf of the participant. Supported employment is conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by participants, including supervision and training.

2. Employment Services

The Governance Group and the Memorandum of Agreement:

Methods to Strengthen Employment Services for Iowans with Disabilities: The State of Iowa has developed an effective, collaborative working relationship with seven state partner agencies to identify and resolve barriers related to employment services for individuals with disabilities. These State partners, who meet on a quarterly basis, include the Department of Education, Iowa Vocational Rehabilitation Services (IVRS), Department of Human Rights, Department for the Blind, Department of Human Services, Iowa Department of Workforce Development and the Governor's Developmental Disabilities Council. A Memorandum of Agreement (MOA) further strengthens this partnership and demonstrates a commitment to enhancing employment services for Iowans with disabilities through the ongoing activities of the Governance Group and through the commitment of staff and resources to a statewide Support Team to maintain communication and feedback form the field offices.

Six community mental health centers have implemented supported employment programs. Supported employment programs share the following values:

- Supported employment programs assist people in finding competitive employment-community jobs paying at least minimum wage, which any person can apply for according to their choices and capabilities.
- Supported employment is a successful approach that has been used in various settings by culturally diverse consumers, employment specialists, and practitioners.
- Supported employment programs do not screen people for work readiness, unlike other vocational approaches, but help all who say they want to work.
- Supported employment programs are staffed by employment specialists who help consumers look for jobs soon after entering the program.
- Extensive pre-employment assessment and training, or intermediate work experiences, such as prevocational work units, transitional employment, or sheltered workshops are not required.

Another initiative underway for employment is the Iowa Medicaid Infrastructure Grant (MIG). The overall outcomes are to increase the number of Iowans with disabilities employed in competitive jobs and to increase the earnings of Iowa's Medicaid members with disabilities. While targeted to the wider population of all Iowans with disabilities, many consumers with Chronic Mental Health Illnesses or Serious Mental Illness are eligible for the services provided. This initiative's goals include:

- Improving and promoting other Medicaid Services that support employment (including HCBS waiver programs, Habilitation Services, Consumer Choices Option, Money Follows the Person, and others).
- Promoting and enhancing linkages between Medicaid and other employment-related services.

- Promoting increased self-sufficiency within the community of persons with disabilities be disseminating asset development information and providing guidance to service providers, persons with disabilities (including persons with SMI) and their families, and other stakeholders.

To accomplish these goals, the initiative conducts workshops, publishes a newsletter, develops and distributes various materials to assist consumers and their families, and collaborates with various other stakeholder groups which have identified employment services as a primary need.

3. Housing Services

Many adults with serious mental illness utilize take advantage of the "HUD Section 8 Rental Voucher Program". This program increases affordable housing choices for very low-income households by allowing families to choose privately owned rental housing. The public housing authority (PHA) generally pays the landlord the difference between 30 percent of household income and the PHA-determined payment standard, - about 80 to 100 percent of the fair market rent (FMR). The rent must be reasonable. The household may choose a unit with a higher rent than the FMR and pay the landlord the difference or choose a lower cost unit and keep the difference.

Several assistance programs exist under Section 8. Together, the voucher and certificate programs help more than 1.4 million households in the United States. The administering PHA or governmental agency inspects the housing units to make sure they comply with HUD quality standards. The voucher program is similar to the Section 8 certificate program but gives households more choices, especially in high-demand markets where landlords may be reluctant to accept HUD's FMR level. Through the Section 8 Rental Voucher Program, the administering housing authority issues a voucher to an income-qualified household, which then finds a unit to rent. If the unit meets the Section 8 quality standards, the PHA then pays the landlord the amount equal to the difference between 30 percent of the tenant's adjusted income (or 10 percent of the gross income or the portion of welfare assistance designated for housing) and the PHA-determined payment standard for the area. The rent must be reasonable compared with similar unassisted units.

USDA Rural Development, through Multi-Family Housing funding, has provided financing to entities to build and provide multiple unit housing (apartments) in rural communities of Iowa. There are currently 501 properties with 9,650 units available.

Units are rented by eligible families or individuals falling below the moderate income limits of the county. Rental Assistance may be available to persons with very low and low incomes, the elderly, and persons with disabilities if they are unable to pay the basic monthly rent within 30 percent of adjusted monthly income. There are 7,500 units with Rental Assistance in Iowa and additional units available. The apartments are located in communities with populations of 20,000 or less.

USDA Rural Development has two programs available for income & otherwise eligible applicants to purchase homes in rural communities. Both programs do not require down

payments. The first is the 502 Single Family Housing Direct Loan program. It's a fixed rate for 33 years. The payments are also subsidized based upon the income level. The other program is the 502 Single Family Housing Guaranteed Loan program. A bank provides the application & loan, our agency provides a 90% guarantee to the bank. There is no down payment. It's a 30 year loan at a fixed rate. No subsidy. The program is for housing located in communities with populations of 20,000 or less.

Home and Community Based Services Waiver Rent Subsidy Program
Rental subsidies are available to various disability populations in the state through the home and community-based waiver programs (including: Ill and Handicapped; Elderly; AIDS/HIV; MR; Brain Injury and, Physical Disabilities Waivers). Consistent with the spirit of Olmstead, the overall purpose of this program is to encourage and assist persons who currently reside in a medical institution to move to and live in community housing. Iowa like most other states, does not have a waiver specifically targeted to individuals with mental illness; consequently, it is difficult if not impossible for individuals with mental illness to take advantage of this potentially important opportunity. This is an area we continue are reviewing in the context of implementing our Olmstead plan.

4. Educational Services
Consumer Empowerment Conference began in 1999 to provide an opportunity for mental health consumers to join with each other and share ideas, talents, and experiences. The objectives of the conference are for participants to become better informed and to gain skills to assist them along their path toward empowerment and recovery. The conference includes state and nationally recognized keynote speakers, entertainment, peer support, social functions and more. A high percentage of the workshops each year are presented by consumers.

Another annual conference held is the Iowa Mental Health Conference where professionals and experts share the most recent trends and issues, treatment programs and research relating to mental health and mental illness. This conference traditionally brings mental health professionals, program funders, policy makers, community partners, consumers and families together to learn and work toward establishing and improving the mental health system of Iowa.

Finally, the Iowa Advocates for Mental Health Recovery, a consumer run organization hosts an annual conference to educate mental health consumers. Other educational opportunities include but are not limited to various classes, workshops, etc. provided by NAMI; Peer Support Training Academy and Peer-to-Peer trainings provided by Magellan and a private contractor; webinars, on-line trainings, and in-person training on various topics of interest to consumers of MH services and their families are available throughout the system.

Many community colleges have support services designed for secondary students that have been receiving special education services while they were in high school. The services are to assist students in participating in the vocational/technical training programs at IWCC by providing special education support and instructional services. This provides students with disabilities an opportunity to develop career or occupationally specific skills. The student remains on the home district roles, so the school pays for tuition, fees, and special education support. The student must remain on his/her IEP and although all high school credits are completed, the student does not

officially graduate until he/she has completed the program at IWCC or until the services are no longer needed.

5. Substance Abuse Services

Additional Required Services in the Iowa Plan

Although not covered in the fee-for-service Iowa Medicaid Program, the following services are required of the Contractor as appropriate ways to address the mental health needs of enrollees. The Contractor must expand availability of all required services assuring system capacity to meet the needs of Iowa Plan enrollees. These additional required services are:

- services for those diagnosed with both chronic substance abuse and chronic mental illness (services for the dually diagnosed)
- Level I Sub-acute Facilities delivering 24-hour stabilization services;
- 23-hour observation in a 24-hour treatment facility;
- case consultation by a psychiatric physician to a non-psychiatric physician;
- integrated mental health services and supports (see Section 4A.4.1);
- intensive psychiatric rehabilitation services;
- focused case management;
- peer support services for persons with chronic mental illness;
- community support services; Community support services include:
    - monitoring of mental health symptoms and functioning/reality orientation
    - transportation
    - supportive relationship
    - communication with other providers
    - ensuring Enrollee attends appointments and obtains medications
    - crisis intervention and developing of a crisis plan
    - coordination and development of natural support systems for mental health support;
- stabilization services;
- in-home behavioral management services;
- behavioral interventions with child and with family;
- respite services
- family therapy to family members of a child in order to address the mental health needs of that child;
- reimbursement to appropriately credentialed/trained clinicians for administration of an appropriate level of functioning assessment to each Iowa Plan Enrollee who meets the criteria of either a child with a serious emotional disability or a person with serious and persistent mental illness; the scale shall be repeated at intervals recommended by the selected scale; the final determination of the scales shall be made by DHS following negotiation with the selected Contractor and the Iowa Plan Clinical Advisory Committee;
- specified services to adults admitted to a state mental health institute
- court-ordered mental health services if clinically appropriate or up to 5 days for a mental health assessment
- services to address the mental health needs of children in the adoption subsidy program

Substance abuse treatment services are provided by substance abuse licensed treatment programs, not by individual practitioners. (This only refers to IDPH funding)

For IDPH-funded services, the Contractor provides certain administrative services and contracts with providers for at-risk, provider-managed services, with providers required to serve a minimum number of IDPH Participants. Authorization is not required at any level of service for the IDPH population.

For Iowa Plan Medicaid Enrollees, authorization is required for Level IV Inpatient, Level III Residential and PMIC services. Authorization may be required by the Contractor for other services or levels of care for quality improvement or contract compliance purposes, as approved by the Departments.

The Iowa Plan uses the American Society of Addiction Medicine's Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (ASAM PPC-2R) as the clinical criteria for all levels of substance abuse services and uses PMIC Admission and Continued Stay Criteria for PMIC services.

A limited number of Iowa general hospitals have inpatient substance abuse treatment units and/or outpatient substance abuse treatment programs. Many of these hospitals participate in the Iowa Plan as network providers and provide a continuum of services. General hospitals may provide inpatient medical detoxification services.

6. Medical and Dental Services

Medical and Dental care are offered within Iowa's state plans for Medicaid and Medicare. The Iowa Foundation for Medical Care (IFMC) is the state's Quality Improvement Organization. IFMC works with physicians and health care professionals to promote high quality medical care for Medicare beneficiaries in both inpatient and outpatient settings. Medicare's quality improvement efforts, better known as the Health Care Quality Improvement Program (HCQIP), are designed to:

- Assist health care providers with their quality improvement efforts
- Improve the processes and outcomes of medical care for Medicare beneficiaries
- Conduct case review to determine if services provided are medically necessary, appropriate and meet professionally recognized standards of care
- Educate Medicare beneficiaries regarding their hospital rights and responsibilities and the importance of preventive health care
- Respond to Medicare beneficiaries concerns about the quality of care they have received.

CMS identified that Iowa Medicaid was not providing reimbursement for local transportation for all Medicaid recipients. With the implementation of the brokerage in October 2010 all Medicaid customers will be able to have assistance for transportation to their Medical providers whether in the community or out of the community. This change expanded the transportation benefit as well as will provide additional support to locate transportation alternatives and should result in fewer barriers to accessing needed health care.

Private Practitioners and Clinicians

The Iowa Department of Public Health /Board of Medical Examiners is responsible for regulating medical and osteopathic doctors. The Bureau of Professional Licensure licenses mental health professionals such as social workers, mental health counselors, and psychologists.

Federally Qualified Health Centers

As part of the Iowa Care Plan (Medicaid), Iowa presently has 50 Federally Qualified Health Centers (FQHC's). FQHC's receive an actual cost reimbursement for Medicaid patients rather than the established rate of reimbursement. To qualify to be a FQHC, the clinic agrees to treat all that present, regardless of insurance or method to pay for services. This has become a valuable resource for adults and families that may not have any insurance coverage and do not qualify for any of the Medicaid programs. These FQHC's are present in 24 counties. There are also enrolled providers in three of the neighboring states (Nebraska, South Dakota, and Illinois) which benefit individuals needing health care in the most western and most eastern portions of Iowa.

7. Support Services

Supported Community Living Programs

Supported Community Living Programs are accredited by the Mental Health/Disabilities Division of the Department of Human Services to provide supervised supported living to persons with disabilities. There are 103 accredited programs which currently provide services to persons with various disabilities. Approximately 20 of the programs can be identified as serving primarily persons with mental illnesses. It is accepted that the majority of the accredited programs serve individuals with mental health issues as a co-occurring disorder with other disabilities.

These programs may be provided in residential institutions but most are provide in-home services and supports to persons with a mental illness and other disabilities living in their own homes. Supported Community Living programs operate in every county of Iowa.

Peer Support Programs

Currently in Iowa, there are six Community Mental Health Centers (CMHC) offering peer support programs. The SMHA funds the Iowa Peer Support Training Academy, provided through a contract with a private agency, Outlooks, Inc., and is directly involved with stakeholders in the development of training. Peers attend a structured training course, have defined competencies, and have to pass a test in order to provide peer support. Peer support specialists are currently not licensed in Iowa but the stakeholders are currently considering establishment of licensure standards. A goal of the academy is to create an infrastructure in Iowa that provides peer support, and to work with providers and consumers to embrace a philosophy of consumer involvement as part of the recovery process. Peer support programs have proven successful in Iowa and around the country. Outlooks works with peers to offer a program that improves the care of people with serious mental illness in Iowa.

Consumer Organizations

The **Iowa Advocates for Mental Health Recovery (IAMHR)** is a statewide consumer advocacy network founded by and for adults with serious mental illness and other life challenges. IAMHR is a member of the National Coalition for Mental Health Recovery, committed to working for all persons "seeking to regain something lost" and/or "working toward a positive future." It is the mission of IAMHR to "create opportunities for advancing hope and recovery for all by transforming our community, and the mental health system it reflects, to one of respect and trust by educating, advocating and empowering." IAMHR was founded three years ago in April of 2007. Currently IAMHR serves over 400 people in recovery through direct

membership and several thousand people through indirect service such as education, advocacy and social inclusion efforts.

The **Depression and Bipolar Support Alliance (DBSA)** is the leading patient directed national organization focusing on the most prevalent mental illnesses. Since 1985, DBSA has worked to provide hope, help, and support to improve the lives of people living with depression, bipolar disorder, and other mental illnesses with common symptoms. DBSA pursues and accomplishes this mission through peer-based, recovery oriented, empowering services and resources when people want them, where they want them, and how they want them.

DBSA in Iowa has six local chapters and an incorporated statewide organization. There is no such thing as official membership, although each chapter has elected officers and facilitators to run the group. Each chapter chooses how it would like to operate within the DBSA guidelines, but each chapter does have a mental health professional advisor who may or may not attend meetings. There is no charge to attend meetings, and attendance is completely voluntary. Meetings vary in size, from as few as three to as many as forty. Most of the people who attend on a regular basis show improvement in their ability to cope with their illness.

The **National Alliance on Mental Illness** (NAMI) is a 501c3 non-profit organization offering support, education, and advocacy to persons, families, and communities affected by mental illness. The NAMI organization operates at the local, state and national levels and is the largest grassroots organization of its kind working on mental illness issues.

Local and state affiliates work with the following centers at the National Office:

- Policy and Research Institute,
- Crisis Intervention Team (CIT) Technical Assistance Resource Center,
- Child and Adolescent Action Center,
- Multi-Cultural Action Center, and the
- Education, Training and Peer Support Center - NAMI offers 8 educational and support programs and offers these programs at no cost to families, consumers, and mental health and school professionals.

Besides the state office, Iowa has 12 local affiliates and 6 support group organizations. Each local affiliate offers a variety of educational activities and support groups for consumers, family members, and parents/caregivers of children and adolescents with severe emotional disorder. Local affiliates and the state organization identify and work on issues most important to their community and state. The goal is to free people with mental illnesses and their families from stigma and discrimination, and to assure their access to a world-class mental health treatment system to speed their recovery.

8. Services provided by local school systems under the Individuals with Disabilities Education Act

See the section under this header within the Children's portion of this application/plan**.**

9. Case Management Services

Targeted Case Management is a Medicaid service that assists adult persons with Chronic Mental Illness, Intellectual Disabilities (mental retardation), Developmental Disabilities, or Brain Injury in

gaining access to appropriate living environments, needed medical services, and interrelated social, vocational, and educational services. In Iowa, case management services are used to link consumers to service agencies and community supports, and to coordinate and monitor those services. Case managers are not responsible for providing direct care. Each county is responsible for accepting the responsibility of TCM by either providing the service or contracting with an accredited agency or the Target Case Management Unit affiliated with the Department of Human service. For SFY2010, 77 counties are providing case management services or contracting with another accredited agency and 20 counties are contracting with DHS Targeted Case Management services for adults. The Iowa Plan managed care provider pays for the non-federal share (FMAP) of TCM for most clients with Chronic Mental Illness. County governments and the State of Iowa are responsible for FMAP for clients with Intellectual Disabilities or Developmental Disabilities. Persons who are not eligible for Medicaid but would benefit from case management services are funded by the county.

Clients are linked with appropriate resources to receive direct services and supports and participate in developing an individualized plan. Clients are encouraged to exercise choice, make decisions, and take risks that are a typical part of life, and to fully participate as members of the community. Family members and significant others may be involved in the planning and provision of services as appropriate and as desired by the client.

The Case Management program for the Frail Elderly is designed to assist persons who are frail elders to gain access to a variety of services through the assistance of a case manager. A comprehensive assessment of the individual's medical, social, emotional, and personal needs is completed. A team of professionals works with the individual to develop a plan of care that will allow the client to live safely and independently in his or her own home. Case management services for the elderly are provided through the Area Agencies on Aging (AAA's).

10. Services for persons with co-occurring (substance abuse/mental health) disorders
State Fiscal Year 11 brings with it fewer providers willing to spend Mental Health Block Grant money on co-occurring disorders. There are nine providers that have identified IDDT as their block grant program.

MHDS has contracted with Ken Minkoff and Chris Kline to provide co-occurring disorders training of mental health providers and provide technical assistance in addressing some of the barriers identified. Mental Health providers have worked hard to license some of their therapists in Substance Abuse and Mental Health issues.

11. Activities Leading to Reduction of Hospitalization
The Wellness Recovery Action Plan (WRAP) model is a person-driven program, which educates clients to manage illness and become active partners in their recovery. A project originally consisting of four Community Mental Health Centers was expanded to include four more Centers that volunteered to participate in a Recovery Orientation Assessment and receive technical assistance for implementing the WRAP program.

Another program targeted at reducing hospitalization is Illness Management Recovery (IMR). This program consists of a series of weekly sessions where practitioners help people who have experienced psychiatric symptoms to develop personalized strategies for managing mental illness and achieving personal goals. The program can be provided in an individual or group format, and

generally lasts between three to six months. It is designed for people who have experienced the symptoms of schizophrenia, bipolar disorder, and major depression. Some of the components of IMR are:

- _ Recovery strategies
- _ Practical facts about schizophrenia, bipolar disorder and major depression
- _ The stress-vulnerability model and treatment strategies
- _ Building social support
- _ Using medication effectively
- _ Reducing relapses
- _ Coping with stress
- _ Coping with problems and symptoms
- _ Getting your needs met in the mental health system

IMR is a recognized EBP and there are currently approximately 4 providers serving approximately 8 counties in Iowa. IMR is also one of EBP's identified to be more fully implemented within the next two years.

Adult - An estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children

Part C. State Plan
Section III. Performance Goals and Action Plans to Improve the Service System

ADULT

Criterion 2: Mental Health Data and Epidemiology
(a) Estimate of Prevalence and Quantitative Targets

An estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children

Goal: To track treatment penetration rates of adults with serious mental illness in Iowa.

Objective: To provide ongoing estimates of the ratio of estimated prevalence of adults with serious mental illness relative to those receiving treatment.

Population: Adults with a Serious Mental Illness

Criterion: Mental Health Data and Epidemiology

Brief Name: Treated Prevalence of Mental Illness

Indicator: Number of adults who have a serious mental illness and received mental health services during the fiscal year.

Measure:
Numerator: Number of adults with a serious mental illness who received funding for mental health services either from the Iowa Plan or from a county government.

Denominator: Estimated number of adults with a serious mental illness in the state of Iowa.

Sources of Information:

1) MBC of Iowa quarterly reports for those who were funded by the Iowa Plan;
2) The CoMIS data base for those funded by counties;

Special Issues:

1) Numerator values only indicate those who are receiving publicly funded services. We cannot report on number of persons who received mental health services through private practitioners, private funders, corrections or the VA system.
2) Denominator values are taken from Kessler et al, 1996, which estimates a national prevalence of SMI as 5.4%. 2010 prevalence data was taken from information from NRI/SDICC for CMHS: July 06, 2010.

Significance: Valid estimates of prevalence and penetration rates of treatment are inherently central and core indicators of the system needs and performance.

Performance Measures

State Fiscal Year	FY2008 Actual	FY2009 Actual	FY2010 Estimated	FY2011 Estimated
Numerator : Public Funding*	46,918	52,415	52,533	52,694
Denominator**	123,545	123,822	124,100	124,480
Penetration Rate***	37.98%	42.33%	42.33%	42.33%

Sources of information:
*Taken from the URS Tables as reported to NRI.
** Denominator values are taken from Kessler et al, 1996, which estimates a National Prevalence of SMI as 5.4% 2009 prevalence data was taken from information from NRI/SDICC for CMHS: July 06, 2010 estimated at 5.4%
***Numerator divided by the Denominator

Significance: Public funding (Medicaid and County) is reaching about 42.33% of adult persons with SMI in the state of Iowa. The penetration rate for Iowa increased in SFY2009. We know that the economy was starting a downward trend and as people lost their jobs and insurance, there was an upward trend in persons funded through the public system.
We know that SFY2010 was another year with a down economy and increased unemployment. This trend could continue through SFY 2011 and possibly SFY2012. The goal of Iowa is to maintain the current penetration rates at a minimum.

Adult - Quantitative targets to be achieved in the implementation of the system of care described under Criterion 1

Part C. State Plan
Section III. Performance Goals and Action Plans to Improve the Service System

Criterion 2: Mental health system data epidemiology
(b)Quantitative Targets

Adult - Quantitative targets to be achieved in the implementation of the system of care described under Criterion 1.

Goals: Members of the public will be better able to support someone in a mental health and/or substance abuse crisis situation.

Brief Name: Mental Health First Aid (MHFA) Training

Indicator: Number of individuals receiving MHFA training in the state of Iowa.

Performance Indicator	FY2009 Actual	FY2010 Actual	FY2011 Projected
Number of New Trainers	48	0	30
Number of Individuals Trained Statewide	200	700	1200
Percent Increase over the previous year	Base Year	350%	171%

Source of Information: Mental Health and Disability Services Division of the Iowa Department of Human Services SFY2009 numbers represent the first set of data to be collected and will be the baseline for future measurements.

SFY2010 was a year of supporting the trainers trained in SFY2009. But the actual number of person receiving the training was significant.

Significance: Mental Health First Aid is a tool to help reduce the stigma associated with mental illness. It is also beneficial to providers of health services (doctors, nurses, emergency medical teams) to learn how to work with persons experiencing a mental health crisis. It provides a baseline of knowledge of mental health and substance abuse issues for the general public.

Adult - Describe State's outreach to and services for individuals who are homeless

Part C. State Plan
Section III. Performance Goals and Action Plans to Improve the Service System

Adult

Criterion 4: Targeted services to rural, homeless, and older adult populations
(a) Outreach to Homeless

Adult - Describe State's outreach to and services for individuals who are homeless

The state provides outreach to and services for individuals who are homeless and have mental illness through the PATH program, and HUD funded programs to prevent and end homelessness coordinated by the states' Iowa Finance Authority.

PATH is an acronym for Projects for Assistance in Transition from Homelessness. It is a formula grant program administered by federal Substance Abuse and Mental Health Administration (SAMHSA). Iowa will receive a $338,000 grant for state fiscal year 7/1/1- through 6/30/11, having received $300,000 each year for many years prior to that. Iowa divides the grant among six providers located in Des Moines, Waterloo, Cedar Rapids, Davenport, Iowa City, and Dubuque. Provider allocations vary from $38,014 to $67,150 this fiscal year. The total number of clients who will be enrolled in the program and receive federal PATH-funded services in Iowa this year is estimated to be approximately 900. PATH workers outreach to and engage homeless adults that have serious mental illness and then link them to mainstream services providers that can meet basic housing, medical, and employment needs, as well as provide treatment for mental illness and substance abuse. The services funded through PATH for enrolled individuals include outreach, screening and diagnostic treatment, staff training, short-term case management, some housing services, and referrals for primary health care, job training, educational services, and housing.

The state mental health authority collaborates with the Iowa Finance Authority and local communities in providing services to homeless Iowans with mental illness, including ARRA (federal stimulus funding) dollars to prevent homelessness. A state mental health authority staffer is a member of the Iowa Coalition for Homelessness coordinated by the Iowa Finance Authority. For 2009, the Iowa Coalition for Homelessness reported that nearly 24,000 homeless persons received some sort of publically funded service, **up 39% from the prior year**. The increase is attributed to economic conditions. Forty-one per cent of the adult homeless individuals receiving services reported long-term disabilities, mostly mental health issues.

Adult - Describes how community-based services will be provided to individuals in rural areas

Part C. State Plan
Section III. Performance Goals and Action Plans to Improve the Service System
Adult

Criterion 4: Targeted Services to rural and homeless, and older adult populations
(b) Rural Area Services

Describes how community-based services will be provided to individuals in rural areas

Iowa is a rural state. According to an Office of Management and Budget and U.S. Census Report (2007), 20 of Iowa's 99 counties are classified as metropolitan. The remaining 79 counties are rural or non-metropolitan. Iowa's rural environment, number of residents at or below the poverty level, elderly population, and shifting demands for health care providers all contribute to rural health disparity and consistent areas of medically underserved populations within Iowa. Eighty-nine of Iowa's 99 counties are designated by the federal government as Mental Health Care Shortage Areas. The federal government officially recognizes there are not enough mental health professionals to provide a sufficient level of care in these counties. This designation qualifies the facilities in the geographic area to apply for federal funding for provider loan repayment. It also allows facilities in these areas to hire J-1 visa physicians through the State Conrad 30 program. Iowa also has limited loan repayment funds available through the Iowa Department of Public Health PRIMECARRE program and through the State Loan Repayment Program (SLRP). The 10 counties in Iowa that do not meet the designation of a shortage are all counties that are also metropolitan statistical areas. There is a notable rural health disparity in the area of mental health access. (IDPH Center for Rural Health and Primary Care 2010 Annual Report) Iowa's rural residents have difficulty accessing mental health care because of other health insurance complications.

Farm and rural residents are less likely to seek treatment for mental illness than urban residents because of negative stigmas associated with mental health services. There is a need for rural service delivery models that are sensitive to the cultures of the many specialized cultural groups (e.g., Amish, Mennonite, and Hispanic/Latino groups) with clusters in parts of Iowa. Rural mental health services are provided by Iowa's 32 community mental health centers, which often serve multiple counties and 25 Mental Health Service Providers that contract with the counties to provide such services.

As in many rural parts of the country, rural families may not initially reach out to the formal mental health system for services. Through the Iowa State University Extension Office, which primarily serves the agricultural community in Iowa, there is a free counseling program called 'Sowing the Seeds of Hope'. Families that do not have mental health insurance coverage or are under-insured may be eligible for up to five one hour counseling sessions per year. Individuals may access this service, by calling a toll free number. They will receive referrals to appropriate services and will be provided with vouchers to pay for the services.

Iowa has several Community Mental Health Centers that utilize telemedicine to provide more access to psychiatrists in rural counties. However, urban or metropolitan communities also use telemedicine to provide psychiatrist services due to the overall lack of practicing psychiatrists in Iowa.

Adult - Describes how community-based services are provided to older adults

Part C. State Plan
Section III. Performance Goals and Action Plans to Improve the Service System

Adult Plan

Criterion 4: Targeted Services to rural, homeless, and older adult populations
(c) Older Adults

Describes how community-based services are provided to older adults

The *Iowa Plan for Behavioral Health Care*
Medicaid recipients 65 and older became eligible for the *Iowa Plan* on July 1, 2010. Services and supports older adults are now eligible for can be found in: *Section III; Performance Goals and Action Plans to Improve the Service System, Adult Plan, Criterion 1(b): Available Services.*

The Division of MHDS, SMHA
The Division of MHDS will be working in conjunction with Medicaid to implement PASSRR. The level 1 screening includes an assessment regarding a mental health need. MHDS will administer the Level 2 screening which requires determining the individualized mental health needs of the consumer and assessing the ability of the facility to meet those needs.

MHDS is also working in partnership with Medicaid to address MDS3.0. MHDS is assisting the Iowa Medicaid Enterprise in developing the implementation steps for MDS3.0. This is a CMS requirement to assist individuals in long term care making choices including community living services and supports.

Iowa Department on Aging
The primary state agency serving older adults is the Department on Aging. The Department on Aging is a relatively small agency within state government and has the primary role in policy making. The Department on Aging houses the Office of the Long Term Care Ombudsman, which provides services relating to nursing facilities and other LTC resources across the state. The agency has a significant collaborative and policy relationship with Iowa's thirteen Area Agencies on Aging (AAA), covering all 99 counties. The AAA's have a strong statewide membership organization, the Iowa Association of Area Agencies on Aging.

Iowa's 13 Area Agencies on Aging strive to meet the needs of the rapidly-growing number of older Iowans. Iowa's Area Agencies:

- Assess current needs of older Iowans;
- Assess available services, programs, and institutions;
- Develop plans to help address service gaps via the Senior Living Program;
- Assure access to services, programs, and institutions;
- Advocate for the needs of older Iowans;
- Finance and administer contracts to direct providers of services;
- Provide a central leadership role for older Iowans; and
- Provide information and assistance services for older Iowans and their caregivers

Area Agencies are funded by approximately 50% in federal funds, 10% state funds, and 40% local contributions. Collaboration with local human service networks leads to more effective use of tax dollars.

The Department on Aging has also received a federal grant to provide options counseling to the aging and disabled populations in and around the Cedar Rapids, Iowa community.

Area Agencies in Iowa provide resources to older Iowans, including, but not limited to: adult day services, chore services, companion & respite care, congregate meals, consultations about other problems, employment assistance, health-care aides, home-delivered meals, home repairs, legal assistance, meal sites, modifying the home for disabilities, nursing & homemaker services, senior centers, and transportation.

Dependent Adult Protection:
The Department of Human Services is the agency responsible for conducting assessments regarding neglect and/or abuse to dependent adults. While the definition of 'dependent adult' is any person over the age of 18 who meets the criteria for being considered dependent. This area does include a significant number of Iowa's older adults. The statute allows assessments to be done when allegations are made regarding acts or omissions of either a caretaker or the adult themselves that abuse or self-abuse may have occurred. These allegations can include situations where there is a failure to obtain or maintain services to address the person's mental health needs, where harm has resulted. Abuse allegations for adults residing in residential or nursing facilities are the responsibility of the Iowa Department of Inspections and Appeals.

Elderly Home and Community Based Waiver Program
The Medicaid Home and Community Based Services Elderly Waiver (HCBS Elderly) provides service funding and individualized supports to maintain eligible members in their own homes or communities who would otherwise require care in a medical institution. Provision of these services must be cost effective.

Elderly Waiver services are individualized to meet the needs of each member. The following services are available:

- Adult Day Care
- Assistive Devices
- Case Management
- Chore Services
- Consumer Directed Attendant Care
- Emergency Response System
- Home and Vehicle Modifications
- Home Delivered Meals
- Home Health Aide
- Homemaker Services
- Mental Health Outreach
- Nursing Care
- Nutritional Counseling
- Respite

- Senior Companions
- Transportation
- Consumer Choices Option

Iowa Coalition of Mental Health and Aging (ICMHA)

The Iowa Coalition of Mental Health and Aging was established to address the needs of older Iowans with mental illnesses. Access to mental health services by persons over the age of 65 remains the lowest among all population groups. As the population continues to age and the number of older adults with mental illnesses continues to increase, responding to the problems faced by older Iowans with mental illnesses will become even more critical. The mission of the ICMHA: The ICMHA exists to expand and improve mental health care for older Iowans so that they can live, learn, recreate, engage in meaningful activities and access appropriate services in the communities of their choice.

Adult - Describes financial resources, staffing and training for mental health services providers necessary for the plan;

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Criterion 5: Management Systems
(a) Resources for Providers

Describes financial resources, staffing and training for mental health services providers necessary for the plan

Training resources in Iowa include:

Department of Human Services

- Medicaid, including but not limited to
    - Trainings provided by Magellan Health Services, contractor for the *Iowa Plan* for behavioral health on a multitude of topics concerning behavioral health issues
    - Training for targeted case managers, sponsored by DHS case management services,
    - Remedial service provider training, sponsored by Iowa Medicaid Enterprise.
- MHBG Grant, including but not limited to:
    - Consultation and training from the University of Iowa, Consortium for Mental Health (including trainings and technical assistance on Older Adults),
    - Training from experts (Dr. Minkoff, Dr. Cline) in co-occurring disorders,
    - Technical assistance in implementing EBP's provided by the Iowa Consortium for Mental Health, the University of Iowa Center for Disabilities and Development.
    - Peer Support Services Training.
- State level funding, including but not limited to:
    - Local systems of care funding (State and SAMHSA) consultation, and technical assistance.
        - Local systems of care have sponsored community trainings regarding children's mental health issues.
    - I-PART (Iowa Program Assistance Response Team) training provided through the Woodward State Resource Center to providers of services to individuals with intellectual disabilities and co-occurring mental health and behavioral issues, in order to increase provider competency and ability to manage challenging behaviors.
    - Iowa Annual Mental Health Conference provides information and updates on mental health issues and programs.
    - The Empowerment Conference for persons with mental illness and their families.
- County level funding including but not limited to:
    - Training for Targeted Case Management service providers.

Department of Public Health

- Federal grant funding including but not limited to substance abuse treatment training, development and implementation for co-occurring disorders.
- State level funding to promote professional development.

In Iowa, most mental health services providers are employed in the private sector and the training for staff is provided by individual employers. However, there has been a requirement for those agencies who receive Mental Health Block Grant funding to dedicate a portion of the funding to train clinicians in specific evidence based practices (EBP's). There have been numerous in-state trainings by Dr. Ken Minkoff and Dr. Christie Cline, national experts in co-occurring competency and recovery, as well as on-site technical assistance by both practitioners. This fiscal year (FY11), several providers are focusing on increasing staff competency regarding trauma-informed care and have also offered training to the provider community on this EBP. Many agencies utilize various web-based trainings, books, and professional consultations to increase clinicians' skills. The College of Direct Supports is a new online resource that is being utilized by providers to train direct care staff in the mental health and disability fields. Magellan Behavioral Health is also offering online training to providers.

A result of offering statewide training's for EBP's is that clinicians have created networks for peer consultation and, as a result, regular conference calls, facilitated by outside professionals to discuss implementation, programs, and practice issues related to their specific EBPs.

There are two professional groups to which most of the Community Mental Health Centers, other accredited community mental health providers, and substance abuse providers belong. These groups identify issues, solutions or barriers experienced in the mental health service delivery system. These associations are often used as resources when representatives from the provider community are needed to work with the state SMHA regarding training, education, or practice issues.

Iowa continues to have a workforce shortage in the area of mental health. There is a significant lack of psychiatrists, therapists, psychologists and social workers. The workforce that does exist is concentrated in the urban areas making it more difficult for those residing in rural areas to access available resources. Currently, the state managed care provider, Magellan of Iowa, is working with Community Mental Health Centers and other mental health providers to provide Tele-health for outpatient mental health services. This allows psychiatrists, psychologists and other specialists to be utilized to their fullest extent. The state mental health institute at Cherokee, Iowa, also has a program to provide psychiatric training and certification for individuals licensed as advanced registered nurse practitioners or physician assistants.

Now in its fifth year, the Iowa Peer Support Academy has trained approximately 100 individuals with mental illness to serve as Peer Support Specialists. These Specialists are reaching out to individuals with mental illness in communities across Iowa. The Academy is funded through Mental Health Block Grant dollars. In addition, the *Iowa Plan* for Behavioral Health contractor is continuing to use community reinvestment funding to support the peer programs in Iowa. There is a statewide roundtable that brings together involved providers, consumers, and advocates sharing information and supporting further implementation of peer support services. This program adds another level of expertise to the mental health system of Iowa, one that is badly needed and is becoming available in more communities across Iowa. The Iowa Peer Support Training Academy will continue to training individuals in future years.

The State of Iowa co-sponsors two statewide annual programs. The Empowerment Conference is for persons with mental illness and their families to engage in social networking learn self advocacy skills and receive training and education regarding promising, evidenced based and best practices. This conference is primarily free to attendees who are supported by state stipends and aid from county mental health and disability services funds. The conference has brought in speakers of national prominence in the recovery field to be keynote speakers and workshop presenters. The people who attend the conference learn how to participate in their own recovery, share their knowledge with other persons with disabilities and impact local and state policies.

The annual Mental Health Conference is designed for professionals, clinicians, providers, administrators, educators, consumers, family members, and advocates to provide an educational opportunity to hear professionals and experts share the most recent trends and issues, treatment methods, and research relating to mental health and mental illness and provide a forum to stimulate discussion, exchange ideas, and strengthen the support and information network around the state.

Adult - Provides for training of providers of emergency health services regarding mental health;

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Criterion 5: Management Systems
(a) Emergency Service Provider Training

Provides for training of providers of emergency health services regarding mental health

Iowa currently has three initiatives/programs identified to address the need of emergency mental health services.

1. Crisis-Stabilization Services
The Iowa Division of Mental Health and Disability Services is in the process of creating and implementing a five year Olmstead Plan for Mental Health and Disability Services. The Plan has nine guiding principles for the transformation of the Iowa Disability System. One of those principles is 'Access to services and supports…Each Adult and child has timely access to a full spectrum of supports and services needed.' Iowa plans on helping fulfill this principle with the awarding of grants for two to three pilot programs for Crisis-Stabilization Services with the objectives of:

- Reducing the number of court ordered evaluations at the inpatient level of care when a more appropriate community based level of care is indicated
- Reducing the reliance on hospitals for short term, one day admissions and
- Appropriately providing a behavioral health assessment, crisis response and treatment planning within the community setting.

The programs are to serve multiple counties and are supported locally by law enforcement, county officials, city officials, hospitals, mental health providers, and local citizens.
The Iowa SMHA and the Iowa Plan administrative entity, Magellan of Iowa, combined financial resources to make this opportunity happen. The pooling of funds allowed for more pilots which encompassed larger geographical areas to be funded. This is the first stage of creating statewide crisis-stabilization services across the state of Iowa.

2. Mental Health First Aid (MHFA) Training
Mental Health First Aid is a training program for members of the public to help support someone in a mental health crisis situation or who is escalating to a crisis situation. MHFA training can assist in early intervention and in the on-going community support of persons with mental illnesses. It is useful for people employed in situations that involve potential contact with persons with mental health issues and for caretakers of persons with mental health issues.

Any member of the public can take the MHFA training course. Most participants choose to take the course because: their work involves contact with the public, they have someone close to them who is affected by a mental health problem, or they see it as their duty as a citizen to learn first aid skills. It is emphasized that the course is not therapy and that it is not a substitute for getting professional help. However, it is useful for people who may have experienced a mental health

problem but are currently functioning reasonably well. The training also emphasizes to the participants that the course does not qualify them to be a counselor, just as a conventional first aid course does not qualify someone to be a doctor or a nurse. The role of MHFA is to promote first aid—the initial help that is given before professional help is available.

3. Disaster Behavioral Health Response Training

In June of 2009, the Division of Mental Health and Disability Services developed a Disaster Behavioral Health Response Team, utilizing volunteers to respond to the mental health needs of Iowans following disasters and critical incidents. The state is divided into six regions and the Disaster Behavioral Health Response Team, consisting of over 400 trained members, can be deployed anywhere in Iowa. These teams respond when local resources have been depleted or are insufficient. The goal of the team is to provide an organized response to victims, families, volunteers, first responders, survivors and others affected in order to lessen the mental health effects of trauma. Disaster Behavioral Health Response Team members are trained in a wide range of response skills including but not limited to: Psychological First Aid, Critical Incident Stress Management, Mental Health First Aid and Basic Disaster Training. The Division has trained over 2,220 individuals in the past year to enhance the state's capability to respond to traumatic events.

Within the first year of existence the team has been deployed for numerous natural disaster events and other critical incidents across the state.

Adult - Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved

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Criterion 5: Management Systems
(c) Grant Expenditure Manner

Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved.

Iowa has established a set method of expending the block grant. Of the anticipated grant award, it is the intention to utilize the funding in the following manner:

1. 5% of the total grant is allocated for administrative costs. Specific expenditures include:

    a. DHS staff salaries;
    b. Stipends,
    c. Travel costs,
    d. Materials and other necessary expenditures to support the Mental Health Planning Council;
    e. One-time contracts for training and support of implementing the plan; and
    f. Stipends for consumers to attend conferences, trainings, etc.

2. 25% of the grant is expended through various programs such as Intergovernmental agreements and competitive bidding. This percentage is divided equally between adults with SMI and children with SED programs. Some of the planned expenditures to be done for adults with SMI include:

    a. Intergovernmental agreements with the University of Iowa to support the Olmstead initiative.
    b. The Office of Consumer Affairs
    c. The contract to provide Peer Support training
    d. Training, consultation and technical assistance for co-occurring disorders, and other evidence based practices.
    e. Outcomes

3. 70% of the total grant is allocated to community mental health centers or other accredited community providers to develop and/or implement evidence based practices for adults with SMI and children with SED. Each county designates the specific provider to receive the funding available for the county.

    a. 50% of the 70% allocation or 35% of the total MHBG is allocated to agencies to provide programs to children with SED.
    b. 50% of the 70% allocation or 35% of the total MHBG is allocated to agencies to provide programs to adults with SMI.
    c. The allocation is based on a formula using the number of agencies applying and the population of the counties affiliated with the agencies.

Table C. MHBG Funding for Transformation Activities

State: Iowa

	Column 1	Column 2	
	Is MHBG funding used to support this goal? If yes, please check	If yes, please provide the *actual* **or** *estimated* amount of MHBG funding that will be used to support this transformation goal in FY2011	
		Actual	**Estimated**
GOAL 1: Americans Understand that Mental Health Is Essential to Overall Health	☑		182,782
GOAL 2: Mental Health Care is Consumer and Family Driven	☑		409,873
GOAL 3: Disparities in Mental Health Services are Eliminated	☑		660,555
GOAL 4: Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	☑		467,571
GOAL 5: Excellent Mental Health Care Is Delivered and Programs are Evaluated*	☑		922,996
GOAL 6: Technology Is Used to Access Mental Health Care and Information	☑		166,224
Total MHBG Funds	N/A	0	2,810,001

*Goal 5 of the Final Report of the President's New Freedom Commission on Mental Health states: Excellent Mental Health Care is Delivered and Research is Accelerated. However, Section XX of the MHBG statute provides that research … Therefore, States are asked to report expected MHBG expenditures related to program evaluation, rather than research.

For each mental health transformation goal provided in Table C, breifly describe transformation activities that are supported by the MHBG. You may combine goals in a single description if appropriate. If your State''s transformation activities are described elsewhere in this application, you may simply refer to that section(s).

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Criterion 5: Management Systems
Table C-Description of Transformation Activities

For each mental health transformation goal provided in Table C, briefly describe transformation activities that are supported by the MHBG. You may combine goals in a single description if appropriate. If your State's transformation activities are described elsewhere in this application, you may simply refer to that section(s).

The Iowa division of MHDS is in the process of creating a statewide *Olmstead Plan for Mental Health and Disability Services*. The vision, principles, goals, strategic priorities and objectives reflect the mental health transformation goals. The Division of MHDS is directing all work towards implementation of the various strategic priorities of the *Plan.* All contracts supported by or overseen by the division of MHDS reflect the guiding principles of the *Olmstead Plan.* Mental health providers currently writing work plans for the Mental Health Block Grant have been asked to structure their work plans around the *Olmstead Plan.*

Goal 1: Americans understand that mental health is essential to overall health

- This goal is supported by The *Olmstead Plan for Mental Health and Disability Services* goal number 1: "Communities—Welcoming communities that promote the full participation of Iowans with mental illness or disabilities. This goal also supports the *Olmstead Plan* guiding principle number 1:

Principle 1--Public awareness and inclusion…Iowans increasingly recognize, value and respect individuals with mental illness or disabilities as active members of their communities.

The strategic priorities include: (1) Provide education for the general public and target audiences on the potential of people with mental illness or other disabilities to make positive contributions and (2) Promote the importance of full community inclusion for people with mental illness and other disabilities.

Objectives of *Olmstead Plan* goal number 1 include:

- Improve public awareness of positive contributions of people with mental illness and disabilities, and public understanding of the dignity of independence.
- Improve public understanding of the causes and effects of mental illness and other disabilities for all ages and of effective supports and services through public awareness and educational initiatives.
- Expand involvement of young people and adults with mental illness or other disabilities in workforce and volunteer projects.
- Promote active participation of people with disabilities (mental illness and other disabilities) on State and local boards, councils and commissions and provide tools for financial assistance to support active participation.

- Support and provide educational and training opportunities in cultural awareness and sensitivity for organizations and people working with individuals with mental illness and other disabilities, to ensure that consumers receive effective understandable and respectful services provided in a manner compatible with their cultural beliefs, practices and preferred languages.
- Promote adoption of a common, people first language about mental illness, disability and all aspects of the service system that reflects dignity and potential of the individual and the values of consumer and family driven planning and service delivery.

Goal 2: Mental health care is consumer and family driven and
Goal 3: Disparities in mental health services are eliminated are supported by the third goal of the *Olmstead Plan for Mental Health and Disability Services. "*Capacity—a full array of community based services and supports that is practically available to all Iowans". Iowa's capacity goal supports the *Olmstead Plan* Principles 3 and 4:

Principle 3--Individualized and person centered…Communities offer comprehensive, integrated and consistent array of services and supports that are individualized and flexible.

Principle 4—Collaboration and partnership in building community capacity…State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to liver, learn, work and recreate in communities of their choice.

The Strategic Priorities include: (5) Support competitive employment for people with mental illness and other disabilities; (6) Further develop and sustain children's mental health systems of care and (7) Enhance services and supports to assist individuals in moving to settings that offer optimal community integration.

Objectives for the 'Capacity' goal include:

- Support strategies for asset development to promote independence and self reliance for people with mental illness or other disabilities, including promotion of competitive employment as the preferred outcome of services, personal savings, home ownership and entrepreneurship.
- Expand Systems of care for people of all ages, with access centers in community's statewide providing assessment, navigation and information.
- Ensure that individuals receiving facility based residential services retain community living options.
- Improve access to safe, affordable and accessible housing.
- Build the capacity of all levels of service to serve individuals with intensive needs.
- Implement pre-service and in-service training to improve healthcare, social services and education for people with mental illness and other disabilities.

Goal 4: Early mental health screening, assessment, and referral service are common practice and
Goal 6: Technology is used to access mental health care and information are supported by the *Olmstead Plan* goal number 2: "Access—Increased access to information, services and

supports that individuals need to optimally live, learn, work and recreate in the communities of their choice. The access goal supports the guiding principle 2:

Principle 2—Access to services and supports…Each adult and child has timely access to the full spectrum of supports and services needed.

The Strategic Priorities for this goal include: (3) Improve access to services for individuals in crisis and their families and (4) Strengthen assessments through adoption of appropriate tools and processes to ensure appropriate services and settings.

Goal number 2 'Access' has the following objectives:

- Improve awareness and access to appropriate community based services, including prevention services, for individuals in crisis and their families.
- Increase awareness in schools of mental health issues and promote screenings to identify and refer children and youth at risk.
- Strengthen the State's ability to support informed choice by people with mental illness or other disabilities that need services.
- Improve awareness of mental health and disability issues in the judicial branch, law enforcement, and among community emergency responders, to promote access to appropriate treatment settings.
- Continue collaboration with State partners to strengthen and improve ex-offender re-entry programs and processes to ensure access to mental health services and other supports essential to successful community living.
- Maintain the capacity to provide timely, effective mental health support in response to natural and human caused disasters.
- Work with the Division of Homeland Security and Emergency Management, the Departments of Human Rights and Public Health, and the Prevention of Disabilities Policy Council to build awareness and capacity of communities to serve people with disabilities during and after a disaster event, and of people with disabilities to plan and prepare for emergencies.
- Improve system capacities to conduct consistent assessments to best determine service and support needs.
- Improve access to services and supports by creating or expanding affordable transportation options for Medicaid members.
- Improve access to mental health services for underserved populations.
- Continue to address barriers to access that are created by county of legal settlement and related funding issues.
- Promote early, accurate diagnoses and referrals for individuals with or at risk of mental illness or other disabilities.

Goal 5: Excellent mental health care is delivered and research is accelerated is supported by the *Olmstead Plan* goal number 4, "Quality—High quality services and supports" and goal number 5, "Accountability—Administrative accountability for service deliver and results: supporting individuals to live, learn, work and recreate in communities of their choice". Goal number 4 supports the *Plan's* guiding principles 5, 6, and 7 and goal number 5 supports principles 8 and 9.

Principle 5—Workforce and Organizational Effectiveness…Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.

Principle 6—Empowerment…Communities recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the consequences and accept responsibility for those choices.

Principle 7—Active Participation…Individuals and families actively participate in service planning; in evaluating effectiveness of providers, supports and services; and in policy development.

Principle 8—Accountability and results for providers…Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.

Principle 9—Responsibilty and accountability for government…Adequate funding and effective management of supports and services promotes positive outcomes for Iowans.

The strategic priorities include (8) Promote evidence based, best and emerging practices (9) Develop and expand staff competencies (10) Implement an effective performance and accountability infrastructure and (11) Develop a plan for long term system financing.

Objectives for *Olmstead Plan* goals number 4 and 5 include:

- Integrate and improve services to individuals with multi-occurring conditions including mental health, substance abuse, cognitive and intellectual disabilities and other medical conditions.
- Promote the use of practices based on best available scientific knowledge.
- Develop a statewide retention and recruitment plan for direct care workforce in all settings and programs.
- Increase quality of services through enhanced accreditation standards and processes (1) For community mental health centers as providers of an array or core services; and (2) For individual services offered by other providers.
- Expand participation of individuals and their families in determining their services plans and increase their ability to make informed choices, including the use of self direction.
- Ensure that user-friendly processes are in place for consumers, families and the general public to seek effective remedies for issues related to service quality, fairness, and the right of individuals to live and work in environments that are safe and free from neglect, abuse discrimination or exploitation. [To be augmented through consultation with the Iowa Civil Rights Commission, Iowa Protection and Advocacy, Inc. and the Department of Human Rights.]
- Support and provide educational and training opportunities in cultural awareness and sensitivity for organizations and people working with individuals with mental illness and other disabilities, to ensure that consumers receive effective, understandable and respectful services provided in a manner compatible with their cultural beliefs, practices and preferred language.

- Secure and maintain an inter-agency collaboration and focus on removal of barriers to community living, in coordination with the Olmstead Consumer Task Force, the MHDS Commission and the Mental Health Planning Council.
- Expand outcomes measurement and reporting systems with standardized processes to monitor consumer outcomes.
- Strengthen accountability for services system outcomes through a data management strategy that informs policy and measures program impact.
- Collaborate with internal and external partners in reviewing and aligning policies towards community inclusion through redirection of resources for more effective outcomes.
- Collaborate with counties and key stakeholders in the development of recommendations for long term system funding.

The principles, strategic priorities, goals and objectives are described further in the Draft *Olmstead Plan for Mental Health and Disability Services.* Many of the *Plan* goals could easily cover more than one transformation goal. It is important to remember that the *Plan* is a living, working document, always being updated and changed to meet the needs of Iowans. It is the priority of the Iowa Department of Human Services to keep the *Olmstead Plan for Mental Health and Disability Services* in our sight and to structure our work to implement the *Plan* to the fullest extent.

The full draft of the *Olmstead Plan for Mental Health and Disability Services* will be in the appendix. (The *Plan* will remain in draft form until the community forums are completed in the fall of 2010.)

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☑

Name of Performance Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	46,861	52,415	52,415	52,415	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal: Increased Access to Community Based Services

Target: Iowa's Olmstead Plan for Mental Health and Disability Services has an access goal that states: Increased access to information, services and support that individuals need to optimally live, learn, work and recreate in the communities of their choice. Included in this goal is to expand provider capacity. build community capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services.

Population: Adults with SMI

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Number of adults who have received mental health services during the fiscal year from public funding sources.

Measure: Numerator: Number of adults who received mental health services

Denominator: Estimated number of adults with a serious mental illness in the state.

Sources of Information: 2008 URS Table 2A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: The downturn in the economy has been met with a determination to maintain services despite fewer staff.

The State of Iowa receives pertinent client data from county governments on December 1st of each year, per legislative language. The information collected from the counties continues to improve in quality. We are now able to cross-match all of the data from the State, County and Federal sources, giving us much better individualized data and unduplicated persons served.

Iowa like much of the nation struggles to maintain the resources invested in services to its citizens. The budget for SFY 11 (July 2010 to June 2011) is flat. Much of the ability to maintain spending has been due to the enhanced federal financial participation for Medicaid and the one time investment of other AARA funds in other parts of State Government.

The format of the templates remains the same for all Performance Indicators (PI). This PI template does not allow numbers to be put into the Numerator/Denominator areas on this paricular PI. This PI is not measuring a percentage increase/decrease. It is strictly a measure in the number of persons served.

Significance: Valid estimates of prevalence and penetration rates of treatment are inherently central and core indicators of the system needs and performance.

Action Plan: Increased concern of fiscal constraints is demonstrating that it is very important for all entities to report the most accurate numbers possible of clients and services. The objectives of the Access Goal of the Iowa Olmstead Plan for Mental Health and Disability Services is to build and expand provider capacity, develop emergency mental health services, promote alternatives to hospital based emergency and inpatient services and expand access to training and education for consumers, families and other natural supports in behavioral health medication management. These objectives will increase access to appropriate services.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	10.44	7.48	7.23	6.98	
Numerator	81	47	--	--	
Denominator	776	628	--	--	--

Table Descriptors:

Goal: Iowa's Olmstead Plan for MHDS addresses Access to Services and Support with objectives to build and expand provider capacity in communities. This will reduce hospitalizations and re-admissions.

Target: Iowa is projecting fewer hospitalizations and readmissions. Iowa is working hard on a State Plan to build community provider capacity and alternatives to hospitalizations. Our target is to reduce the number of readmissions in our state hospital system.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of readmissions within 30 days of discharge

Measure: Total number of admissions/readmissions using data from the State Hospital system.

Sources of Information: URS Table 20A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Age categories do not align with state's definitions of Adults with SMI and Children with SED. Children & youth 0 to 21 are defined as SED. URS captures 18 - 20 year olds and 21 - 64 ages. Iowa has 120 State Hospital beds and over 600 private care beds. This measure only reports on the State Hospital system. The State Hospitals tend to be the placement of last resort for the most difficult cases.

Significance: The projected number of readmissions for both 30 days and 180 days would be expected to decrease once provider capacity is built and expanded and emergency mental health services implementation occurs. State Hospitals are increasingly serving the most difficult cases which may cause a negative impact on readmission rates.

Action Plan: State funding for Emergency Mental Health Services has been 'pooled' with community reinvestment dollars from the IOWA PLAN allowing more pilot programs than originally planned for multiple geographic areas of Iowa. These grants are in the selection stage and will move to implementation in the next few months. Each grant application submitted was made up of a consortium of counties, providers, law enforcement, consumers and other stakeholders. Mental Health First Aid may result in fewer initial admissions. The impact of Mental Health First Aid on hospital admissions will remain an unknown. The SMHA is currently developing a state Olmstead Plan for Mental Health and Disability

Service. A key part of the plan is developing and growing community/provider capacity, which in the long term should have a positive impact on mental health inpatient hospitalization and readmissions.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	20.10	6.37	6.25	6.12	
Numerator	156	40	--	--	
Denominator	776	628	--	--	--

Table Descriptors:

Goal: Iowa's Olmstead Plan for MHDS addresses Access to Services and Support with objectives to build and expand provider capacity in communities. This will reduce hospitalizations and re-admissions.

Target: Iowa is projecting less hospitalizations and readmissions. Iowa is working hard on a State Plan to build community provider capacity and alternatives to hospitalizations. Our target is to reduce the number of readmissions in our state hospital system.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Decreased rate of readmission to inpatient psychiatric settings within 180 days

Measure: Number of readmissions within 180 days of discharge, in SFY 2008. Numbers from URS Tables used to determine percentage (number of readmissions divided by total number of admissions)

Sources of Information: URS Table 20A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Age categories do not align with state's definitions of Adults with SMI and Children with SED. Children & youth 0 to 21 are defined as SED. URS captures 18 - 20 year olds and 21 - 64 ages. Iowa has 120 State Hospital beds and over 600 private care beds. This measure only reports on the State Hospital system. The State Hospitals tend to be the placement of last resort for the most difficult cases.

Significance: The projected number of readmissions for both 30 days and 180 days would be expected to decrease once provider capacity is built and expanded and emergency mental health services implementation occurs. State Hospitals are increasingly serving the most difficult cases which may cause a negative impact on readmission rates.

Action Plan: State funding for Emergency Mental Health Services has been 'pooled' with community reinvestment dollars from the IOWA PLAN allowing more pilot programs than originally planned for multiple geographic areas of Iowa. These grants are in the selection stage and will move to implementation in the next few months. Each grant application submitted was made up of a consortium of counties, providers, law enforcement, consumers and other stakeholders. Mental Health First Aid may result in fewer initial admissions. The impact of Mental Health First Aid on hospital admissions will remain an unknown. The SMHA is currently developing a state Olmstead Plan for Mental Health and Disability

Service. A key part of the plan is developing and growing community/provider capacity, which in the long term should have a positive impact on mental health inpatient hospitalization and readmissions.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	270	270	270	270	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based mental health practices.

Target: To maintain the capacity to provide Assertive Community Treatment (ACT) services to adults with serious mental illness in Iowa.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The number of individuals enrolled in ACT programs.

Measure: The number of unduplicated individuals receiving ACT services annually in Iowa as reported by Magellan Behavioral Health, administrative entity of the Iowa Plan for persons using Behavioral Health Services funded by Medicaid in 2009.

Sources of Information: URS table 16

Special Issues: The downturn in the economy has been met with a determination to maintain services despite fewer staff.

ACT has been funded in the State of Iowa through a 1915 (b) waiver, as part of our Iowa Plan for Managed Behavioral Health Care. SF2010 was the first year that ACT was available as a regular plan service and not a 1915 (b) waiver service. ACT programs take an extended period of time to become fully utilized. Community capacity/provider availability, housing and transportation in rural Iowa continue to be problems for the start of new programs. Iowa like much of the nation struggles to maintain the resources invested in services to its citizens.

The budget for SFY 11 (July 2010 to June 2011) is flat. Much of the ability to maintain spending has been due to the enhanced federal financial participation for Medicaid and the one time investment of other AARA funds in other parts of State Government.

Significance: Estimates by ICMH suggest that ~ 2000 adults with SMI in Iowa would be appropriate for and benefit from ACT services. ACT is now a regular plan service, allowing more people to become eligible to participate.

Action Plan: ACT in the state of Iowa has proven to be an excellent program for the participants. Most ACT programs in Iowa are located in areas of the state with larger population bases. Rural Iowa presents a number of issues for expanding the number of ACT programs including (1) Available providers and their capacity, (2) Appropriate potential clients for the program, (3) Appropriate number of clients to implement the program and (4) Transportation issues for providers. The

Olmsted Plan for Mental Health and Disability Services is addressing Access to services including, building capacity/increasing numbers of appropriately trained providers in Iowa, expanding the capacity of the State MHI system to provide support for community providers, addressing transportation and housing issues of clients. Identifying and addressing these issues will be a substantial step in the aid of creating new ACT sites.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.29	.38	1	2
Numerator	135	200	--	--
Denominator	46,861	52,415	--	--

Table Descriptors:

Goal: The Olmsted Plan for MHDS addresses capacity and in Objective 3.4 "Improve access to safe, affordable and accessible housing", including advocating for system changes to allow equal access under Section 8, for persons with disabilities.

Target: Iowa would like to increase the number of Adults with SMI receiving supported housing.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Increased number of Adults with SMI reporting supported housing.

Measure: The number of Adults with SMI who were able to secure supported housing in 2009.

Sources of Information: URS Tables 16
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Iowa systems will need to increase its reporting capacity. Currently the numbers reported are estimates from a limited number of providers and Iowa does not have a method of reporting supported housing for Adults with SMI. Iowa will be changing it's consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

Significance: The current information we have available is not significant.

Action Plan: The information provided is an estimate. Iowa will be addressing initiatives to receive better information from more sources.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	.14	1.16	2	2.50	
Numerator	66	606	--	--	
Denominator	46,861	52,415	--	--	--

Table Descriptors:

Goal: Supported Employment is an EBP identified by the state to continue to be developed and supported with block grant funding. Reporting mechanisms will provide sufficient information to set a meaningful base line within the next two years.

Target: Establish a baseline of consumers receiving supported employment.

Population: Adults with SMI receiving services through community mental health centers and providers.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The number of persons receiving supported employment.

Measure: The number of Adults with SMI securing and retaining meaningful employment using employment supports, as needed in 2010.

Sources of Information: URS table 16
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Currently, the information provided is an estimate. Iowa will be addressing initiative to receive better information from more sources.

Significance: Iowa systems will need to increase its reporting capacity. Currently the numbers reported are estimates from a limited number of providers and Iowa does not have a method of reporting supported housing for Adults with SMI. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Mental Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

Action Plan: Olmstead Plan for Mental Health and Disability Services Goal 3--CAPACITY includes employment issues. Objective 3 describes a statewide, systemic plan to engage all levels of government, providers, consumers, family members and other stakeholders to design, develop and implement a statewide competitive employment plan for persons with disabilities and mental illness. Included in the plan is provision for outreach, education and training opportunities and the promotion of self employment.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.58	.52	1	1.50
Numerator	270	270	--	--
Denominator	46,861	52,415	--	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based mental health practices.

Target: See NOMS "Evidence Based-Number of Practices"

Population: Adults with SMI served by community mental health providers

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The number of individuals enrolled in ACT programs.

Measure: The number of unduplicated individuals receiving ACT services annually in Iowa as reported by Magellan Behavioral Health, administrative entity of the Iowa Plan for persons using Behavioral Health Services funded by Medicaid.

Sources of Information: URS Table 16
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: The downturn in the economy has been met with a determination to maintain services despite fewer staff.

ACT has been funded in the State of Iowa through a 1915 (b) waiver, as part of our Iowa Plan for Managed Behavioral Health Care. SF2010 was the first year that ACT was available as a regular plan service and not a 1915 (b) waiver service. ACT programs take an extended period of time to become fully utilized. Community capacity/provider availability, housing and transportation in rural Iowa continue to be problems for the start of new programs.

Iowa like much of the nation struggles to maintain the resources invested in services to its citizens. The budget for SFY 11 (July 2010 to June 2011) is flat. Much of the ability to maintain spending has been due to the enhanced federal financial participation for Medicaid and the one time investment of other AARA funds in other parts of State Government.

Significance: Estimates by ICMH suggest that ~ 2000 adults with SMI in Iowa would be appropriate for and benefit from ACT services. ACT is now a regular plan service, allowing more people to become eligible to participate.

Action Plan: ACT in the state of Iowa has proven to be an excellent program for the participants. Most ACT programs in Iowa are located in areas of the state with larger population bases. Rural Iowa presents a number of issues for expanding the number of ACT programs including (1)Available providers and their capacity, (2) Appropriate potential clients for the program, (3) Appropriate number of clients to implement the program and (4) Transportation issues for providers. The

Olmsted Plan for Mental Health and Disability Services is addressing Access to services including, building capacity/increasing numbers of appropriately trained providers in Iowa, expanding the capacity of the State MHI system to provide support for community providers, addressing transportation and housing issues of clients. Identifying and addressing these issues will be a substantial step in the aid of creating new ACT sites.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	.36	.33	N/A	N/A
Numerator	170	175	--	--
Denominator	46,861	52,415	--	--

Table Descriptors:

Goal: Increase the number of programs available.

Target: Adults with SMI and their families

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: An increase in the number of enrolless in family psycho education programs.

Measure: The number of unduplicated Adults with SMI enrolled in family psych-education programs

Sources of Information: URS Table 17
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Iowa does not have the ability to report on this EBP with any reliability.

Significance: Participation in this program is low.

Action Plan: The is no formulated action plan because of the information contained in Special Issues. Plans for Self reporting may show increased support/need for this program. Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	1.20	1.53	2	3
Numerator	560	800	--	--
Denominator	46,861	52,415	--	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community based mental health services to adults with co-occurring disorders by promoting the implementation of Itegrated Dual Diagnosis Treatment.

Target: Expansion of the capacity to provide Integrated Dual Diagnosis Treatment (IDDT) as an evidence based practice in Iowa

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Increase the over all percentage of persons receiving IDDT. 1.195% of the persons receiving services in Iowa in 2008 were receiving IDDT. In 2009, that percentage increased to 1.526%.

Measure: Number of individuals receiving IDDT in Iowa during 2008.

Sources of Information: URS Table 17
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: The State of Iowa is working diligently on this EBP. There are many providers embracing Integrated Dual Diagnosis Therapy. Currently, reporting systems do not show the data needed to verify that a cliet is part of a IDDT program, therefore, the numbers of varified clients that are participating in this service are approximately 1.5%. The State of Iowa will be implement the CHI and the CHI-C which will greatly increase the ability to identify services being used and services needed. Use of the CHI and CHI-C will also increase the number of person using the instrument. Currently, all persons using Medicaid funding for Behavioral Health Services are asked to voluntarily take the survey. Soon, all persons receiving services Behavioral Services in Iowa will be asked to take the survey. The managed care entity for Iowa, Magellan Behavioral Health, will be tabulating the information for the SMHA of Iowa.

Significance: In SFY 09, more providers identified IDDT as an evidence based practice to develop and implement. Training started in SFY 08 and future years should show a marked increase in consumers receiving integrated MH/SA services. 1.195% of the persons receiving services in Iowa in 2008 were receiving IDDT. In 2009, that percentage increased to 1.526%.

Action Plan: Training and consultation with experts in the field of IDDT continues. Further study of fidelity, assessment, and working with the Dept. of Public Health that oversees substance abuse treatment in the state is happening. The Olmstead Plan for MHDS supports improved access for individuals with multi-occurring disorders.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	1.10	.48	1.10	1.50	
Numerator	514	250	--	--	
Denominator	46,861	52,415	--	--	--

Table Descriptors:

Goal: To help adults with SMI learn to manage their illness and move towards recovery.

Target: To expand the capacity to provide Illness Self-Management as an evidence based practice in Iowa

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of Individuals receiving Illness Self-Management

Measure: Number of Individuals receiving Illness Self-Management in 2010.

Sources of Information: URS Table 17
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: This EBP lost it's momentum when so many providers embraced the IDDT program. The number of programs using illness self management decreased significantly.

Significance: This is an allowable EBP that providers may use MHBG dollars for. Although this program was not hugely utilized, participants seem to embrace it. Providers using this EBP have begun to use Peer Specialists to help facilitate the program, which seems to enhance the success.

Action Plan: These indicators and the ability to report on them will be placed in the design of the data warehouse for future reporting. Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	N/A	0	N/A	N/A	
Numerator	N/A	0	--	--	
Denominator	N/A	100	--	--	--

Table Descriptors:

Goal:

Target:

Population: Adults with SMI served through community mental health centers/providers.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information: URS Table 17
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues:

Significance:

Action Plan:

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal: Unable to report as Adult Consumer Survey has not been conducted per URS tables.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Action Plan: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal: Unable to report due to high response on URS table as "not available".

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Action Plan: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Unable to report as data not collected for this measure.

Significance:

Action Plan: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding. Iowa is also working with the criminal justice system to procure information to be used for the URS tables.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: URS Tables have numbers of consumers living in different settings such as own home, shelters, etc. However, the table does not have data indicating length of present living arrangement or frequency of moves. Without that, the stability of housing can not be reported.

Significance:

Action Plan: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	N/A	N/A	N/A	N/A	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: According to URS tables, this can not be reported as the Consumer Survey has not been conducted.

Significance:

Action Plan: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

ADULT - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☑

Name of Performance Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	N/A	N/A	N/A	N/A	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal: Adults with SMI be able to report positive outcomes of services and supports.

Target: To be able to begin reporting on persons self reporting on Level of Functioning in the CMHB FY2011 and to have a base line established by the end of FY2012.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Adults are able to report their level of functioning before, during and after receiving Mental Health services and supports.

Measure: FY2011 will be the initial survey period. Reporting will begin in 2012.

Sources of Information: Client self reporting surveys, family member surveys, provider surveys.

Special Issues: This is a very new project to the State of Iowa. This level of reporting has not been tried before, but the State is very excited about the possibilities.

Significance: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding.

Action Plan: These indicators and the ability to report on them will be placed in the design of the data warehouse for future reporting. Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for person funded by Medicaid and individuals using other funding. This will allow Iowa to track outcomes and will be valuable for future reporting on the performance indicators.

Child - Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.

Part C, Section III
Criterion 1 –Comprehensive Community Based Mental Health Services
Child

Criterion 1: Comprehensive community-based mental health services
(a)-Establishment of Systems of Care

> Child - Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness

Please refer to Part C, Section III, Criterion 1, Establishment of System of Care, Adult, for information that is relevant to establishment of Systems of Care for children with mental illness as well as adults.

The Iowa Division of Mental Health and Disability Services is in the process of creating and implementing a five year Olmstead Plan for Mental Health and Disability Services. The Plan has nine guiding principles for the transformation of the Iowa Disability System. One of those principles is 'Access to services and supports…Each Adult and child has timely access to a full spectrum of supports and services needed.'

Iowa is embracing the overall state goal and plan to establish and implement organized local systems of care for children with SED and their families.

As mentioned in other parts of this application, there are several areas that are in the planning stages of establishing systems of care sites. More detailed descriptions of the two local sites which have federal, state, and local funding for implementation may be found in Criterion 3, Children's Services.

A third local site began with one urban county (Linn) several years ago but within the last two years has expanded to include another metropolitan area (Johnson County) and three rural counties (Iowa, Benton, and Jones). This area has developed into the East Central Iowa Children's Mental Health Initiative and submitted an application for a SAMHSA System of Care grant in December 2009 in partnership with the SMHA. Notifications of award are expected in September 2010.

Two other sites led by community mental health centers are beginning the process of engaging and educating stakeholders regarding System of Care principles, identifying community needs and resources, and developing and enhancing the ability to use the Wraparound model to serve children and their families in the home, school, and community. These agencies are using Mental Health block grant funds to support this practice and philosophy change at the local level.

Performance measure:
A state-specific performance measure for numbers of children served by formal Systems of Care can be found in Section III, Goals, Targets, and Action Plans.

Child - Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services in the comprehensive system of care to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:

Health, mental health, and rehabilitation services;
Employment services;
Housing services;
Educational services;
Substance abuse services;
Medical and dental services;
Support services;
Services provided by local school systems under the Individuals with Disabilities Education Act;
Case management services;
Services for persons with co-occurring (substance abuse/mental health) disorders; and
Other activities leading to reduction of hospitalization.

Part C: State Plan
Section III: Performance Goals and Action Plans to Improve the Service System

Child
1. Current activities

Criterion 1: Comprehensive community-based mental health services
(b) Available Services

Child - Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services in the comprehensive system of care to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:

1. Health, mental health, and rehabilitation services;
2. Employment services;
3. Housing services;
4. Educational services;
5. Substance abuse services;
6. Medical and dental services;
7. Support services;
8. Services provided by local school systems under the Individuals with Disabilities Education Act;
9. Case management services;
10. Services for persons with co-occurring (substance abuse/mental health) disorders;
11. Other activities leading to reduction of hospitalization.

1. Health, Mental Health, and Rehabilitation Services
Iowa's Medicaid Behavioral Health contractor is Magellan Health Services for mental health and substance abuse services. Iowa's managed care plan for mental health and substance abuse services for Medicaid eligible individuals is called The Iowa Plan and covers approximately 355,000 eligible enrollees ages 0 to 64. As of July 1, 2010 Magellan also began serving the population of those 65 and older (approximately 27,000 enrollees), improving access for older persons to mental health and substance abuse services. In SFY 10, Magellan provided mental health services to 41,043 children 0-18. Magellan maintains a network of appropriately credentialed mental health service/substance abuse providers to assure availability of the following services to meet the behavioral needs of eligible enrollees. Covered services are those that are included in the Iowa Medicaid Program and are reimbursed for all non-Iowa Plan beneficiaries through the Iowa Medicaid Enterprise (IME). The Contractor maintains a network of appropriately credentialed mental health service providers to assure availability of the following services to meet the mental health needs of eligible enrollees:

- ambulance services for psychiatric conditions;
- emergency services for psychiatric conditions, available 24 hours per day, 365 days per year;
- inpatient hospital care for psychiatric conditions;

- dual diagnosis mental health and substance abuse treatment provided at the state mental health institute at Mount Pleasant;
- outpatient hospital care for psychiatric conditions, including:
    - intensive outpatient services;
    - individual and group therapy;
    - medication administration;
    - activity therapies (within the milieu of placement, not as a stand-alone service);
    - family counseling;
    - partial hospitalization;
    - day treatment;
- psychiatric physician, advanced registered nurse practitioner services, and physician assistant services including consultations requested for Enrollees receiving treatment for other medical conditions;
- specified mental health services provided by non-psychiatric physicians, advanced registered nurse practitioners, and physician assistants (psychical examinations performed for a patient admitted for mental health services to an inpatient setting when the inpatient admission is authorized or after the 12th office visit for mental health by a non-psychiatric physician)
- services of a licensed psychologist for testing/evaluation and treatment of mental illness;
- services in state mental health institutes for Enrollees under the age of 21 or through the age of 22 if the Enrollee is hospitalized prior to the Enrollee's 21st birthday;
- services in state mental health institutes for Enrollees 65 and over;
- services provided through a community mental health center, including:
    - services of a psychiatrist;
    - services of a clinical psychologist;
    - services of a licensed social worker;
    - services of a psychiatric nurse;
    - day treatment;
- home health services;
- Targeted Case Management services to Enrollees with chronic mental illness;
- medication management and counseling by appropriately credentialed professionals such as pharmacists, or physician assistants;
- psychiatric nursing services by a home health agency;
- psychiatric or psychological screenings required subsequent to evaluations for persons applying for admission to nursing homes;
- services of a licensed social worker for treatment of mental illness and serious emotional disturbance;
- mobile crisis services;
- mobile counseling services;
- programs of Assertive Community Treatment;
- mental health services determined necessary subsequent to an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program screening, and

- second opinion as medically necessary and appropriate for the Enrollee's condition and identified needs from a qualified health care professional within the network or arranged for outside the network at no cost to the Enrollee.

Additional Required Services in the Iowa Plan

Although not covered in the fee-for-service Iowa Medicaid Program, the following services are required of the Contractor as appropriate ways to address the mental health needs of enrollees. The Contractor must expand availability of all required services assuring system capacity to meet the needs of Iowa Plan enrollees. These additional required services are:

- services for those diagnosed with both chronic substance abuse and chronic mental illness (services for the dually diagnosed)
- Level I Sub-acute Facilities delivering 24-hour stabilization services;
- 23-hour observation in a 24-hour treatment facility;
- case consultation by a psychiatric physician to a non-psychiatric physician;
- integrated mental health services and supports (see Section 4A.4.1);
- intensive psychiatric rehabilitation services;
- focused case management;
- peer support services for persons with chronic mental illness;
- community support services; Community support services include:
    - monitoring of mental health symptoms and functioning/reality orientation
    - transportation
    - supportive relationship
    - communication with other providers
    - ensuring Enrollee attends appointments and obtains medications
    - crisis intervention and developing of a crisis plan
    - coordination and development of natural support systems for mental health support;
- stabilization services;
- in-home behavioral management services;
- behavioral interventions with child and with family;
- respite services
- family therapy to family members of a child in order to address the mental health needs of that child;
- reimbursement to appropriately credentialed/trained clinicians for administration of an appropriate level of functioning assessment to each Iowa Plan Enrollee who meets the criteria of either a child with a serious emotional disability or a person with serious and persistent mental illness; the scale shall be repeated at intervals recommended by the selected scale; the final determination of the scales shall be made by DHS following negotiation with the selected Contractor and the Iowa Plan Clinical Advisory Committee;
- specified services to adults admitted to a state mental health institute
- court-ordered mental health services if clinically appropriate or up to 5 days for a mental health assessment

- services to address the mental health needs of children in the adoption subsidy program

Children's Health Insurance Program (CHIP)
The Children's Health Insurance Program (CHIP) was created by Title XXI of the Social Security Act. The purpose of the Children's Health Insurance Program (CHIP) program is to increase the number of children with health and dental coverage, thereby improving their health outcomes. The CHIP program includes both a Medicaid expansion and a separate program called the Healthy and Well Kids in Iowa (***hawk-i***) program (including Dental-Only supplemental coverage plan effective March 1, 2010).

Medicaid Expansion Program:
Children covered by the Medicaid expansion receive the same services as any other child eligible for Medicaid. The Medicaid expansion component provides coverage to eligible children who are:

- Age 6 through 18 whose countable family income is between 100–133% of the Federal poverty guidelines.
- Infants whose countable family income is between 185-300% of the Federal poverty guidelines.
- U.S. citizens or lawfully residing children

hawk-i *Program*
Children covered by ***hawk-i*** receive a comprehensive package of health and dental benefits that includes coverage for physician services, hospitalization, prescription drugs, immunizations, dental, chiropractic, vision care and mental health services.. The ***hawk-i*** program provides health and dental coverage to eligible children whose families have too much income to qualify for Medicaid but who do not have health care coverage.
Eligibility requirements:

- Under age 19.
- Uninsured and do not qualify for Medicaid.
- U.S. citizens or lawfully residing children
- Live in a family whose countable income is between 133 - 300% of the Federal poverty guidelines. For a family of four, the maximum annual income is about $66,150 (the income limit increased from 200% to 300% was effective July 1, 2009.

hawk-i Dental-Only Supplemental Coverage Plan
2009 Iowa Acts, S.F. 389, expanded the ***hawk-i*** program by adding Dental-Only supplemental coverage beginning March 1, 2010. Children covered by an individual or group health plan who are determined ineligible for the ***hawk-i*** program may qualify for the ***hawk-i*** Dental-Only supplemental coverage plan.

County Based Services
County governments have historically paid for many of the mental health services available in the state. The State of Iowa began a property tax relief program, in 1996, to provide financial relief to the property tax payer of Iowa for the increasing costs of the

disability services that counties were funding. This partnership between the state and the counties included some basic changes to the county based system. Each county was mandated to hire a person to serve as the Central Point of Coordination (CPC) Administrator of the Mental Health, Intellectual, and Developmental Disability funding system to have a county management plan describing the criteria for eligibility (financial and disability) and what services the county will fund. The state legislature set a minimum financial requirement of 150% of poverty and $2000/$3000 in resources (individual/family). Some counties have chosen to serve persons above that level for some services.

Property tax relief and growth payments, from the State to the Counties, are combined with property tax dollars raised by the counties to fund disability services. Counties will continue to be financial partners in the provision of mental health and other disability services in the state. Even though the legislation places the responsibility for development and implementation of County Management Plans on Iowa's counties, each county controls their service system infrastructure that is not funded by Medicaid. Through local control each county prioritizes needs, develops plans, establishes system goals and indicators, identifies consumer outcomes, and allocates resources.

The county system provides funding for services to persons with Mental Health, Intellectual, and Developmental Disabilities who may or may not be eligible for Medicaid. Iowa counties fund mental health services, mental health hospitalizations (and those services associated with involuntary hospitalizations), community support services, facility based residential services, work and/or day activity services. For children, counties fund outpatient mental health services and sometimes coordinate the involuntary commitment process for juveniles.

Changes in the state and local economies have caused some (5 in SFY2011, so far) counties to initiate waiting lists. However, most counties with waiting lists are not including outpatient services on the waiting list. Commitment services for psychiatric hospitalization services cannot be reduced or eliminated by counties, nor can outpatient commitment services.

Whether federal, state, county, or other funding streams are used to pay for mental health services, those services are provided to eligible Iowans by a system that incorporates a variety of elements. A brief description follows.

Mental Health Institutes (MHI)

The Iowa Department of Human Services oversees four MHIs, located in Cherokee, Clarinda, Independence and Mount Pleasant. The MHIs provide critical access to quality acute psychiatric care for Iowa's adults and children needing mental health treatment, and provide specialized mental health-related services, including substance abuse treatment, dual diagnosis treatment for persons with mental illness and substance addiction, psychiatric medical institution for children (PMIC), and long-term psychiatric care for the elderly (geriatric-psychiatric).

All four MHIs are licensed as hospitals and provide services via a total of:

- 105 beds of inpatient psychiatric services to adults;
- 37 beds of inpatient psychiatric services to children and adolescents;
- 30 beds of geriatric psychiatric services;
- 15 beds of dual diagnosis services;
- 30 beds of PMIC services; and
- 50 beds of residential-level substance abuse services.

During SFY10, the numbers of adult psychiatric beds were reduced by 15 and the numbers of geriatric psychiatric beds were reduced by 5.

Specialized Psychiatric Units in General Hospitals

There are twenty –seven general hospitals in Iowa which have licensed psychiatric units with a total capacity of 617 beds (471 Adult, 90 children/adolescents-with 20 of those beds for patients >16 w/SA issues, and 56 geriatric beds). While more concentrated in metropolitan and urban areas, psychiatric hospital services are available within a 60-75 minute drive anywhere in the state. The past decade has seen the closing of six inpatient psychiatric service facilities.

Community Mental Health Centers and other Community Mental Health Providers

There are 30 CMHC's in Iowa which provide mental health services to children. It is up to each individual CMHC to determine the array of such services and the level at which the center serves children. For CMHC's receiving MHBG funding, the development and implementation of evidence based intervention practices are required. As of SFY10, these interventions included but were not limited to Incredible Years, Interpersonal Therapy – Adolescents (IPTA), Parent Child Interaction Therapy (PCIT), Coping with Depression in Adolescents, Trauma Focused-Cognitive Behavioral Therapy, and Cognitive Behavioral Therapy. Community Mental Health Centers and other mental health providers are also working to transform their local service delivery systems using the practice models of Wraparound, Systems of Care, and Trauma-Informed Care.

Twenty-five additional agencies are accredited Mental Health Service Providers and in limited areas fulfill the responsibilities of a CMHC in a specified county.

CMHCs serve a defined catchment area, ranging from one county to seven counties. Other Mental Health Service Providers generally serve a specific geographic area. These agencies may be accredited to provide any of the following services: partial hospitalization, day treatment/intensive outpatient, psychiatric rehabilitation, supported community living, outpatient, emergency, and evaluation. Rules for the accreditations are found in Iowa Administrative Code 441--Chapter 24.

Mental Health Professionals Statewide

There are approximately 227 psychiatrists in the State of Iowa (193 Adult, 31 Child). The majority of the psychiatrists practice in metropolitan or urban counties. A secondary

concentration is found in or near those counties with a psychiatric institution, an MHI or a VA Hospital. There are, according to the professional licensing boards' website: 1179 licensed psychologists; 60 Nurse Practitioners and Physicians Assistants with a Mental Health Specialty; 7,612 social workers which includes independent (which requires a masters in social work and additional experience), bachelor level, Masters level, and licensed independent mental health counselors. There are 324 licensed marital and family therapists and 1,321 licensed Mental Health Counselors.

As of January 2010 the federal Mental Health Care Designations listed 2 areas covering nine counties as a geographic high need area and another 14 areas covering 80 counties as having a MH care shortage. Only 10 counties were determined to have enough MH Care services to not be eligible for a Mental Health Care Designation. Not surprisingly, these 10 counties are in the larger urban areas.

Psychiatric Medical Institutions for Children (PMIC's)
These facilities are a treatment option for children and adolescents with SED who have behaviors and treatment needs that exceed those that can be met in the home and community. There are twelve providers that deliver these services to children in Iowa. Services include diagnostic, psychiatric, nursing care, behavioral health, and services to families, including family therapy and other services aimed toward reunification or aftercare. Children served are those with psychiatric disorders that need 24-hour services and supervision. Children may be admitted voluntarily by parental consent or through a court order if the child is under the custody of the Department of Human Services. For SFY 10, 70% of children entered PMIC voluntarily and 30% were court ordered.

Remedial Services Program (RSP)
Remedial services are skill building interventions that ameliorate behaviors and symptoms associated with a psychological disorder that has been assessed and diagnosed by a Licensed Practitioner of the Healing Arts (LPHA). The Remedial Service Provider develops an implementation treatment plan outlining interventions consistent with the treatment recommended by the LPHA.

The RSP enables Medicaid eligible children and their families to access in-home or community-based services in addition to, or in place of, traditional outpatient mental health care without having to enter the child welfare and/or juvenile justice system. Remedial services are also available to children in the custody of the Department of Human Services due to their eligibility for Medicaid. Through eligibility for the Iowa Plan as part of the Children's Mental Health Waiver, remedial services are also available to children with SED served by the waiver.

Specific services available through the RSP include individual, group, and family intervention to modify the psychological, behavioral, emotional, cognitive and social factors affecting the individual's functioning. Also available are Crisis Intervention services to de-escalate situations in which a risk to self, others or property exists and Community Psychiatric Supportive Treatment which includes intensive interventions to modify psychological, behavioral, emotional, cognitive and social factors affecting the

child's functioning for which less intensive remedial services do not meet the child's needs. Remedial services are typically provided in the home, school, and community, as well as foster family and group care settings.

In SFY 10, 20,618 members under age 18 received a remedial service. In SFY 11, it is planned for the remedial services program to move from Medicaid to the Iowa Plan and Magellan Behavioral Health. It is expected that this will lead to more coordination of services between the clinical mental health professionals who are currently part of the Iowa Plan, and the remedial service providers.

Early Childhood Mental Health/Healthy Mental Development

Assuring Better Child Health and Development (ABCD II) was a project funded by the Commonwealth Foundation. The grant focused on the identification and implementation of policy and system changes to support the provision of preventive care by Medicaid providers to children birth through age three and early identification of risk for social/emotional issues. As a result of this grant, Iowa continues to facilitate community-planning, linkages between public and private practitioners to create a system of services, identification of service resources and gaps, and identification of provider training needs. Our website: www.iowaepsdt.org continues to demonstrate high utilization by the community.

A proposal that was developed from the ABCD II initiative is the 1st Five program. Currently, Iowa is addressing sustainability and spread. Iowa's **1st Five** Healthy Mental Development Initiative builds partnerships between physician practices and public service providers to enhance high quality well-child care. **1st Five** promotes the use of standardized developmental tools that support healthy mental development for young children in the first five years. The tools include questions on social/emotional development and family risk factors, such as depression and stress. When a medical provider discovers a concern, the provider makes a referral to a **1st Five** coordinator. Shortly after receiving the referral, the coordinator then contacts the family to discuss available resources that will meet the family's needs. For every one medical referral to **1st Five**, there are an additional 2-3 referrals identified when the care coordinator contacts the family. Often these intervention services are related to the behavioral health needs of the child and/or family. In this respect, **1st Five** supports a community-based systems approach to building a bridge between primary care and mental health professionals. The 1st Five program is currently in 13 counties and works with 52 medical practices, serving approximately 62,000 children birth to five years in their medical clinics.

Iowa is also focusing on increasing provider's abilities to provide standardized developmental screening. Ages and Stages trainings and train the trainer trainings have taken place in the last year. This will increase the ability of the early childhood work force to identify developmental concerns earlier. Iowa now has thirty-four trainers on Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE). These trainers delivered 38 ASQ and ASQ:SE trainings to a variety of early childhood professionals that include Child Health Specialty Clinic nurses, public health employees, home visiting staff, social workers, preschool staff, child care

and Area Education Agency personnel. These trainings build cross system support for developmental screening.

Project LAUNCH

Project LAUNCH is a SAMHSA funded program operated by the Iowa Department of Public Health (IDPH). IDPH received this grant in 2009 and has recently begun direct services to the clients and providers in the target area, Project LAUNCH seeks to develop the necessary infrastructure and system integration to ensure that Iowa children are thriving in safe, supportive environments and entering school ready to learn and able to succeed. The project targets children ages 0–8 and their families in a seven-zip-code area in inner-city Des Moines (Polk County, Iowa), with a focus on the low-income and minority families who are traditionally underserved. Outreach, recruitment, and retention efforts specifically target African American, Hispanic, Asian, non-/limited English-Speaking immigrant/refugee, and low-income populations.

The goals at the state level are to:

• Build state infrastructure to increase the capacity of the children's mental health system and to integrate it into a comprehensive early childhood system of care to promote positive development for Iowa children ages 0–8 and their families

• Promote sustainability and statewide spread of best practices for system development

The goals at the local level are to:

• Build local infrastructure to increase the capacity of the children's mental health system and to integrate it into a comprehensive early childhood system of care to promote positive development for Polk County children ages 0–8 and their families

• Deliver family-centered, fully integrated evidence-based services for children living in the target community who are at risk for poor social-emotional outcomes

To achieve these goals, Iowa Project LAUNCH will establish state and local Councils on Young Child Wellness and will implement several evidence-based programs and practices, including standardized developmental screening in primary care and other settings (ASQ and ASQ-SE), Nurse Family Partnership, Positive Behavior Supports, and mental health consultation in schools and child care settings.

An expected outcome at both the state and local levels is a coordinated and comprehensive mental health care system for all Iowa children ages 0–8 and their families. At the state level, expected outcomes include more efficient and effective population-based policies and processes related to wellness for children ages 0–8 and their families; increased public understanding of the social and emotional health care system; and improved resources for detection of and intervention regarding mental illness. At the local level, an expected outcome is that each year a minimum of 410 children ages 0–8 will show improvement in health, school performance, and family functioning.

Program-Wide Positive Behavior Interventions and Supports

Positive Behavioral Interventions and Supports describes a process for addressing children's challenging behavior that is based on an understanding of the purpose of the behavior and a focus on teaching new skills to replace challenging behavior. Program-Wide PBIS is focused on the early childhood population.

In school- and program-wide PBIS, all of the staff work together to ensure that children:

- understand behavior expectations
- receive instruction in social skills
- with persistent problem behavior receive individualized assistance.

The Iowa Department of Education is currently implementing a training and coaching model based on the CSEFEL Pyramid Model to train child care and preschool providers to implement PW-PBIS in their programs and also be able to coach other teachers and providers as they implement the model

As a result of this focus on early childhood mental health and social and emotional functioning, training was offered to stakeholders and providers on Early Childhood Mental Health Consultation by national experts in June 2009. Local groups who attended this training have continued to strategize and implement programs and services related to meeting the mental health needs of young children in order to improve school readiness, academic functioning and reduce more severe mental health issues later in life.

Teen Screen

The Iowa Department of Public Health (IDPH) Youth Suicide Prevention program provides a variety of suicide prevention services. IDPH"s "flagship" initiative is the promotion and funding of TeenScreen programs in Iowa schools.

TeenScreen is a voluntary mental health screening program that requires parent consent and student assent. It provides families an opportunity to get a "mental health check-up" that can help identify mental health problems. The program has the following components:

- Support of school administration and community involvement,
- Parent information and active consent,
- youth assent,
- administration of the screening questionnaire,
- debriefing of youth,
- a brief clinical interview when indicated,
- and parent notification and case management if further evaluation is recommended.

The IDPH TeenScreen program is offered to families that have students in junior or senior high schools. Most programs offer screening to families of 9th grade students, but

some sites offer screening to a range of 7trh to 11th grade youth. Along with the local TeenScreen program coordinator, each school selects the group to be offered screening services. Each program has 2-16 schools in which the TeenScreen® program is offered. IDPH funds seven (7) TeenScreen programs (with 46 screening sites) in Iowa. In the 2009-10 school year, over 2,600 youth were screened at TeenScreen sites funded by IDPH.

Habilitation Services

Habilitation Services is a Medicaid program which provides waiver like services to individuals meeting the criteria of chronic mental illnesses. The goal is to separate rehabilitative and non-rehabilitative services into distinct programs in order to continue the services needed by Iowans, while at the same time assuring that the state remains in compliance with federal regulations. These general services include the following: Home-based Habilitation which is individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Home-based habilitation also includes personal care and protective oversight and supervision.

Day Habilitation consists of assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that take place in a non-residential setting, separate from the participant's private residence. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. Services are furnished 4 or more hours per day on a regularly scheduled basis for 1 or more days per week or as specified in the participant's service plan. Day habilitation services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the service plan.

Vocational (pre-employment) Habilitation includes services that prepare a participant for paid or unpaid employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Services are not job-task oriented, but instead, aimed at a generalized result. Services are directed to habilitative rather than explicit employment objectives.

Supported Employment Habilitation are services that consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported employment may include assisting the participant to locate a job or develop a job on behalf of the participant. Supported employment is conducted in a variety of settings, particularly work sites where persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by participants, including supervision and training.

2. Employment Services
Iowa Vocational Rehabilitation Services (IVRS) works closely with students and their family to help the student develop career goals and a plan of action to assist the student in achieving their employment goal. Students can begin working with a trained Vocational Counselor during their sophomore year of high school. Services provided are specific to the students needs to achieve their employment goal, but may include: assessments activities, career exploration, work experiences, college preparation, support services, financial assistance and job placement,

3. Housing Services
Housing services for adults and families are addressed in Criterion 1, Adult Section.

Independent Living/Aftercare/PALS
On or before the date that a child in foster care reaches the age of sixteen, the Iowa Department of Human Services engages the Independent Living Program, which is intended to help the child transition successfully from the foster care system to adulthood. Children in foster care often do not have sufficient support from parental figures and frequent change impedes the development of skills to live successfully in adulthood. Compounding their challenges, over 50% of children who "age out" of foster care have a diagnosed mental health condition. This grant is instrumental in addressing these challenges by partially funding the Iowa Aftercare Services Program (aftercare).

Aftercare is a statewide program which includes pre-exit planning (up to 6 months prior to youth "aging out" of foster care) and case management services for youth ages 18 through 20 who have "aged out" of foster care or a PMIC. Aftercare also includes an assessment for independent living skills, life skills training, and referrals to appropriate community resources. Financial Assistance may be available to assist with one time or crisis needs for help purchasing housing, clothing, transportation, medical needs, food, day care, etc. Regular payments of up to $574 per month are provided to aftercare participants who attend work or school and meet certain program requirements. These funds are referred to as Preparation for Adult Living, or PAL, and help with rent, transportation, or other needs determined by the youth to move them closer to self sufficiency. Aftercare program eligibility requires that the young adult meet regularly with a case manager, participate in a self-sufficiency plan, develop goals, and participate in an education or training program or employment. The program is voluntary.

Assisting these young people with housing and other forms of assistance during their transition from foster care is important because data from the report titled Medicaid Access for Youth Aging Out of Foster Care, published by the American Public Human Services Association: states that 80% of youth in foster care have received services for mental health issues during placement, 54% have a mental health diagnosis after leaving Care, and 12% and 10% had a lifetime diagnosis of Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder, respectively. The services provided by this

program are designed to help these youth receive housing and other supportive services needed to be successful, including community mental health services.

4. Educational Services

Learning Supports
The Iowa Department of Education, in collaboration with area and local education agencies, is implementing the Learning Supports Initiative.

Learning Supports are the wide range of strategies, programs, services, and practices that are implemented to create conditions that enhance student learning. Learning supports:

- promote core learning and healthy development for all students,
- are proactive to prevent problems for students at-risk and serve as early interventions and supplemental support for students that have barriers to learning, and
- address the complex, intensive needs of some students.

The six content areas of Learning Supports form the structure for organizing, understanding, and selecting research-based interventions. The content areas provide a broad unifying framework within which a school-family-community continuum of learning support programs and practices can be organized.

Supports for Instruction foster healthy cognitive, social-emotional, and physical development. Supports for instruction are inherent in the Instructional Decision Making process which uses multiple strategies to provide supplemental and intensive supports to ensure that children and youth have the full benefit of quality instruction.

Family Supports and Involvement promotes and enhances the involvement of parents and family members in education.

Community Partnerships promote school partnerships with multiple sectors of the community to build linkages and collaborations for youth development services, opportunities, and supports.

Safe, Healthy and Caring Learning Environments promote school-wide environments that ensure the physical and psychological well-being and safety of all children and youth through positive youth development efforts and proactive planning for management of emergencies, crises and follow-up.

Supports for Transitions enhance the school's ability to address a variety of transition concerns that confront children, youth and their families.

Child/Youth Engagement promotes opportunities for youth to be engaged in and contribute to their communities.

The Iowa Dept. of Education Learning Supports Initiative has provided several trainings to the public that address mental health and behavior issues of children in the school setting. The Dept. of Education is also providing training and technical assistance with Dr. Lucille Eber to 16 schools who are implementing school-based mental health wraparound. These wraparound projects promote mental health and educational systems working together to wrap the appropriate services around the child and family in order to promote improved functioning in the school as well as home setting.

Early ACCESS

Early ACCESS is a partnership between families with young children, birth to age three, and providers from the Departments of Education, Public Health, Human Services, and the Child Health Specialty Clinics. The purpose of this program is for families and staff to work together in identifying, coordinating and providing needed services and resources that will help the family assist their infant or toddler to grow and develop.

Services:

The family and providers work together to identify and address specific family concerns and priorities as they relate to the child's overall growth and development. In addition, broader family needs and concerns can be addressed by locating other supportive/resources services in the local community for the family and/or child. All services to the child are provided in the child's natural environment including the home and other community settings where children of the same age without disabilities participate.

Services required to be provided to children and families include:

- Service Coordination
- Screenings, evaluation and assessments
- "Individualized Family Service Plan" (IFSP)
- Assistive Technology
- Audiology
- Family Training/Counseling
- Health Services
- Medical evaluations to determine eligibility
- Nursing
- Nutrition
- Occupational Therapy
- Physical Therapy
- Psychology
- Social Work
- Special Instruction
- Speech Language Therapy
- Vision
- Transportation

Age Requirements and Eligibility:

An infant or toddler under the age of three (birth to age three) who,

- has a condition or disability that is known to have a high probability of later delays if early intervention services were not provided, OR
- is already experiencing a 25% delay in one or more areas of growth or development.

Costs: There are no costs to families for service coordination activities; evaluation and assessment activities to determine eligibility or identify the concerns, priorities and resources of the family; and development and reviews of the Individualized Family Service Plan. The service coordinator works with the family to determine cost s and payment arrangements of other needed services. Some services may have charges or sliding fee scales or may be provided at no cost to families. Costs are determined by a variety of factors that are individualized to each child and family.

Education for the general public and providers-
The Iowa Mental Health Conference is held annually in October. This is an opportunity for professionals and experts to share the most recent trends and issues, treatment programs and research relating to mental health and mental illness. This conference traditionally brings mental health professionals, program funders, policy makers, community partners, consumers and families together to learn and work toward establishing and improving the mental health system of Iowa.

In SFY 10, the two Systems of Care in Iowa offered two two-day trainings to families, the public, and professionals on a variety of topics related to children's mental health. Topics included wraparound planning, how to choose appropriate providers, system of care development, and reactive attachment disorder. Both programs plan to offer similar training opportunities in SFY 11.

Other educational opportunities include but are not limited to various classes, workshops, and courses provided by NAMI; Peer Support Training Academy and Peer-to-Peer trainings provided by Magellan and a private contractor; webinars, on-line trainings, and in-person training on various topics of interest to consumers of MH services and their families are available throughout the system.

5. Substance Abuse Services

Substance abuse treatment services are provided by substance abuse licensed treatment programs which are licensed by the Iowa Department of Health.

For IDPH-funded services, the Contractor provides certain administrative services and contracts with providers for at-risk, provider-managed services, with providers required to serve a minimum number of IDPH Participants. Authorization is not required at any level of service for the IDPH population.

For Iowa Plan Medicaid Enrollees, authorization is required for Level IV Inpatient, Level III Residential and PMIC services. Authorization may be required by the Contractor for other services or levels of care for quality improvement or contract compliance purposes, as approved by the Departments.

The Iowa Plan uses the American Society of Addiction Medicine's Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (ASAM PPC-2R) as the clinical criteria for all levels of substance abuse services. The Iowa Plan also uses PMIC Admission and Continued Stay Criteria for PMIC services.

Medicaid (Iowa Plan) Substance Abuse Services

- Ambulance services for substance abuse conditions
- Ambulatory Detoxification
- Emergency services for substance abuse conditions available 24 hours a day, seven days a week
- Evaluation, treatment planning, and service coordination;
- Inpatient
- Intake, assessment and diagnosis services
- Intensive Outpatient
- Outpatient Treatment
- Partial Hospitalization
- PMIC substance abuse services
- Residential Treatment

IDPH Substance Abuse Services

- Residential services
- Intensive outpatient services
- Outpatient services
- Halfway House
- Assessment (except related to drinking and driving)

A limited number of Iowa general hospitals have inpatient substance abuse treatment units and/or outpatient substance abuse treatment programs. Many of these hospitals participate in the Iowa Plan as network providers and provide a continuum of services. General hospitals may provide inpatient medical detoxification services.

6. Medical and Dental Services

Medical and Dental care are offered within Iowa's state plans for Medicaid and Medicare. The Iowa Foundation for Medical Care (IFMC) is the state's Quality Improvement Organization. IFMC works with physicians and health care professionals to promote high quality medical care for Medicare beneficiaries in both inpatient and outpatient settings. Medicare's quality improvement efforts, better known as the Health Care Quality Improvement Program (HCQIP), are designed to:

- Assist health care providers with their quality improvement efforts

- Improve the processes and outcomes of medical care for Medicare beneficiaries
- Conduct case review to determine if services provided are medically necessary, appropriate and meet professionally recognized standards of care
- Educate Medicare beneficiaries regarding their hospital rights and responsibilities and the importance of preventive health care
- Respond to Medicare beneficiaries concerns about the quality of care they have received.

Dental Services

The Iowa Department of Public Health, Oral Health Bureau (OHB) works to protect the health and wellness of Iowans through prevention and early detection of dental disease and through the promotion of optimal oral health. OHB staff offers consultation and assistance to Title V maternal and child health (MCH) agencies in assuring good oral health for the women and children they serve. An agreement with the Iowa Department of Human Services supports the I-Smile™ dental home initiative. I-Smile™ is the result of a state mandate that all Medicaid-enrolled children ages 0-12 have a dental home. The I-Smile™ program plan developed by OHB includes each CH agency having a dental hygienist serving as I-Smile™ coordinator, who builds support systems for families through work with dental providers, medical providers, and community organizations. In addition to building local oral health infrastructure, the coordinators and other CH agency staff provide oral health promotion and education, care coordination, and preventive dental services to ensure optimal oral health for children.

OHB also work with schools by managing seven school-based dental sealant programs and oversight of the state's school dental screening requirement for children entering kindergarten and ninth grade. Families who have difficulties accessing dental care are assisted through the I-Smile™ initiative.

Private Practitioners and Clinicians

The Iowa Department of Public Health /Board of Medical Examiners is responsible for regulating medical and osteopathic doctors. The Bureau of Professional Licensure licenses mental health professionals such as social workers, mental health counselors, and psychologists.

Federally Qualified Health Centers

As part of the Iowa Care Plan (Medicaid), Iowa presently has 50 Federally Qualified Health Centers (FQHC's). FQHC's receive an actual cost reimbursement for Medicaid patients rather than the established rate of reimbursement. To qualify to be a FQHC, the clinic agrees to treat all that present, regardless of insurance or method to pay for services. This has become a valuable resource for adults and families that may not have any insurance coverage and do not qualify for any of the Medicaid programs. These FQHC's are present in 24 counties. There are also enrolled providers in three of the neighboring states (Nebraska, South Dakota, and Illinois) which benefit individuals needing health care in the most western and most eastern portions of Iowa.

7. Support Services

Supported Community Living Programs

Supported Community Living Programs are accredited by the Mental Health/Disabilities Division of the Department of Human Services to provide supervised supported living to persons with disabilities. There are 103 accredited programs which currently provide services to persons with various disabilities. Approximately 20 of the programs can be identified as serving primarily persons with mental illnesses. It is accepted that the majority of the accredited programs serve individuals with mental health issues as a co-occurring disorder with other disabilities.

These programs may be provided in residential institutions but most are provide in-home services and supports to persons with a mental illness and other disabilities living in their own homes. Supported Community Living programs operate in every county of Iowa.

Respite

Children who access respite services typically do this through one of the HCBS waiver programs, including the Children's Mental Health Waiver. Respite providers must be approved to be a Medicaid provider. For children served by Systems of Care, respite is also a key service requested by families. The Systems of Care have provided funding for families of children with SED in need of this service who are not receiving waiver services.

Consumer Organizations

The **National Alliance on Mental Illness** (NAMI) is a 501c3 non-profit organization offering support, education, and advocacy to persons, families, and communities affected by mental illness. The NAMI organization operates at the local, state and national levels and is the largest grassroots organization of its kind working on mental illness issues.

Local and state affiliates work with the following centers at the National Office:

- Policy and Research Institute,
- Crisis Intervention Team (CIT) Technical Assistance Resource Center,
- Child and Adolescent Action Center,
- Multi-Cultural Action Center, and the
- Education, Training and Peer Support Center - NAMI offers 8 educational and support programs and offers these programs at no cost to families, consumers, and mental health and school professionals.

Besides the state office, Iowa has 12 local affiliates and 6 support group organizations. Each local affiliate offers a variety of educational activities and support groups for consumers, family members, and parents/caregivers of children and adolescents with severe emotional disorder. Local affiliates and the state organization identify and work on issues most important to their community and state. The goal is to free people with mental illnesses and their families from stigma and discrimination, and to assure their access to a world-class mental health treatment system to speed their recovery.

Iowa has several resources for family support, advocacy and training. These resources are a combination of public, private non-profit, and informal. Many of these supports are within models of systems of care and within communities. Two of the primary statewide and nationwide providers of parent support services are NAMI and IFFCMH.

NAMI Family Education course consists of a series of workshops for caregivers of children with brain disorders. Caregivers may be parents, extended family, or foster parents. *Visions for Tomorrow* is a family member-to-family member course. Teachers of the program are trained family members who have experienced firsthand the rewards and challenges of raising children with brain disorders.

The Iowa Federation of Families for Children's Mental Health (IFFCMH), is a statewide network of families with children and youth who have serious emotional disturbances and behavioral disorders. The mission of IFFCMH is to ensure that families have access to a comprehensive, coordinated, individualized, strength-based system of care in which they are seen as partners in determining the nature and volume of care provided, and that communities are supportive of families with children who have emotional/behavioral challenges. The IFFCMH has been very active in working as a community partner with the Iowa Juvenile Home and the Dare to Dream youth organization. The IFFCMH Director is a member of several statewide boards, councils, and committees addressing state system level change.

Access for Special Kids (ASK) Family Resource Center is a "one-stop-shop" for children and adults with disabilities and their families. Through its partner organizations, ASK Resource Center provides a broad range of information, advocacy, support, training, and direct services. These services are all accessible in one building or from one phone call. A single contact can direct individuals or families to the most appropriate services and supports to meet their needs. Access for Special Kids identifies its primary focus as offering information and resources for the benefit of children with disabilities and their families throughout the state of Iowa.

Parent Training and Information Center of Iowa (PTI) is a federally funded grant project from the U.S. Department of Education that focuses on the educational needs of children with disabilities in Iowa, particularly those who are underserved or may be inappropriately identified.

In addition to technical assistance to families, PTI also provides training on the Individuals with Disabilities Education Act (IDEA). The goal is to help parents better understand the Individual Education Program (IEP) and Individual Family Support Program (IFSP) process and become better advocates for their children.

There is no cost for information and training provided to families. Shared costs may be requested for services to professionals and others. Services provided include information and training on IDEA, skills to effectively participate in the IEP process, communication strategies to help improve family/ school relationships, information on family support, disability types and rights.

8. Services provided by local school systems under the Individuals with Disabilities Education Act

Services to young children under the Individuals with Disabilities Education Act are addressed in Section 4- Education.

For children in primary and secondary schools, Area Education Agencies are significant providers of services to children under IDEA. Iowa Area Education Agencies are regional service agencies which provide school improvement services for students, families, teachers, administrators and their communities.

Area Education Agencies (AEAs) work as educational partners with public and accredited, private schools to help students, school staff, parents and communities meet these challenges. AEAs provide special education support services, media and technology services, a variety of instructional services, professional development and leadership to help improve student achievement.

AEAs were established by the 1974 Iowa Legislature to provide equitable, efficient and economical educational opportunities for all Iowa children. AEAs serve as intermediate units that provide educational services to local schools and are widely regarded as one of the foremost regional service systems in the country.

AEA budgets include a combination of direct state aid, local property taxes and federal funds. AEAs have no taxing authority. Funding appears in each local school district's budget and "flows through" the school budgets

Local School Systems also provide early education, intervention, evaluation, special education services, and other services identified in Individual Education Plans and 504 plans for children identified as eligible individuals.

9. Case Management Services

Targeted Case Management is a Medicaid service that assists adult persons with Chronic Mental Illness, Intellectual Disabilities (mental retardation), Developmental Disabilities, or Brain Injury in gaining access to appropriate living environments, needed medical services, and interrelated social, vocational, and educational services. In addition, children with SED who receive the Children's Mental Health Waiver are eligible for Targeted Case Management. In Iowa, case management services are used to link consumers to service agencies and community supports, and to coordinate and monitor those services. Case managers are not responsible for providing direct care. Each county is responsible for accepting the responsibility of TCM by either providing the service or contracting with an accredited agency or the Target Case Management Unit affiliated with the Department of Human service.

For SFY2010, 77 counties are providing case management services or contracting with another accredited agency and 20 counties are contracting with DHS Targeted Case Management services for adults. The Iowa Plan managed care provider pays for the non-federal share (FMAP) of TCM for most clients with Chronic Mental Illness. County

governments and the State of Iowa are responsible for FMAP for clients with Intellectual Disabilities or Developmental Disabilities. Persons who are not eligible for Medicaid but would benefit from case management services are funded by the county.

Clients are linked with appropriate resources to receive direct services and supports and participate in developing an individualized plan. Clients are encouraged to exercise choice, make decisions, and take risks that are a typical part of life, and to fully participate as members of the community. Family members and significant others may be involved in the planning and provision of services as appropriate and as desired by the client.

10. Services for persons with co-occurring (substance abuse/mental health) disorders

State Fiscal Year 11 brings with it fewer providers willing to spend Mental Health Block Grant money on co-occurring disorders. There are nine providers that have identified IDDT as their block grant program, but we have 22 programs continuing to provide IDDT.

MHDS has contracted with Dr. Ken Minkoff and Dr. Chris Kline to provide co-occurring disorders training for mental health and substance abuse providers and provide technical assistance in addressing some of the barriers identified Mental Health providers have worked hard to certify some of their therapists in both Substance Abuse and Mental Health issues. MHDS is also contracting with Dr. Minkoff and Dr. Kline to provide specialized training in co-occurring recovery principles to targeted case management staff and supervisors in SFY11. This will include case managers that serve both children and adults.

There are two PMIC's licensed to provide substance abuse treatment and mental health services. Both are in western Iowa, with a combined capacity of 56 beds. Other providers of mental health services are increasing their co-occurring capability through training in motivational interviewing, the co-occurring capability training referenced above, and cross-training between mental health and substance abuse providers.

11. Activities Leading to Reduction of Hospitalization

<u>Home & Community Based Service Waivers</u>

Families receive support services, such as respite, supported community living, and home health care, when their child qualifies for one of the Medicaid HCBS Waivers. Those waivers are:

-Intellectual Disability
-Ill & Handicapped,
-Brain Injury,
-Physical Disability,
-AIDS/HIV
-Children's Mental Health (CMH)

When the Children's Mental Health (CMH) waiver program began in October 1, 2005, it had a capacity of serving 300 children. The current capacity of the waiver is 730. The CMH waiver has now been approved by CMS as a 1915 (c) waiver on July 1, 2010 for an initial 3 years. With this approval, all 7 of Iowa's Medicaid Home and Community Based Services (HCBS) waivers are operating as 1915 (c) waivers. This change moved the CMH out of the Iowa Care demonstration project and will now offer consistency in managing the waiver and in providing quality oversight of the waiver. Services included in the CMH waiver are respite, community supports, in-home family therapy and targeted case management. In addition, every child receiving services through the CMH waiver will also be enrolled in the Iowa Plan; thus, services will be combined through the two programs to meet the child's and family's needs. There were no new services added to the CMH waiver. The State will be looking at adding the Consumer Choices Option to the CMH waiver at a future date. CCO will allow members and their families to self direct some of the services in the CMH waiver. Additional services may be added in the future but will be contingent on need and funding. With the application, the CMH waiver added 10 reserved capacity funding slot for children coming out of MHI's, PMIC's, or out-of-state placements. The reserved capacity will allow 10 children each year to access the CMH waiver if no funding slot is available and they would be placed on the CMH waiting list.

Systems of Care have as a primary goal to decrease unnecessary hospitalization and increase access to community-based services and supports. Please see Criterion 1, Establishment of Systems of Care and Criterion 3-System of Integrated Services for more information regarding Systems of Care in Iowa.

Performance Measures:

This criterion is addressed by NOM #1, Access to Services, and State Performance Indicators for Children's Mental Health Waiver and Systems of Care utilization.

Child - An estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children

Part C: State Plan
Section III: Performance Goals and Action Plans to Improve the Service System

Child

1. Current activities
Criterion 2: Mental health system data epidemiology
(a) Estimate of Prevalence

An estimate of the incidence and prevalence in the State of serious mental illness among adults and serious emotional disturbance among children

As part of the State Data Infrastructure Coordinating Center of the NASMHPD Research Institute, Iowa was provided the following estimates of children with SED for 2009. This is the most recent data available and the data required by the states to use in calculating the prevalence of SED within the child population.

The population of children and youth age 9-17 is 354,029. The percentage of children ages 5 –17 living in poverty is 12.7% which classifies Iowa in the lowest of three tiers of the states for poverty. There are two sets of estimates of the SED population based on a level of functioning of 50 and a level of functioning of 60. For each tier of poverty, there is an equivalent percentage range and average for each level of functioning. The lower the poverty rate, the lower the estimated rate of SED in a state. The level of functioning is based on the Global Assessment of Functioning. A state may decide which level of functioning to use in determining their SED population. Due to Iowa's placement in the lowest tier of poverty from the mid-level the previous year, the SED population estimate for Iowa has decreased from the last application.

Iowa used the upper level of functioning score of 60 as the basis of the estimation of incidence of SED in the state. This equates to an estimate of children with SED in Iowa of 38,943 or 11% of the population age 9-17. It is assumed that the incidence of children with SED may be higher than reported because of some reluctance of health providers to diagnose a child with a mental illness, children receiving services from educational systems which tend to avoid diagnosing and labeling of symptoms and behaviors, and lack of education for families, caregivers, and other professionals regarding signs and symptoms of mental health issues in children.

Child - Quantitative targets to be achieved in the implementation of the system of care
described under Criterion 1

Criterion 2: Quantitative Targets

In addition to NOM's 1: Increased access to services, Iowa is using this performance measure because many of the services available to children with SED are not thoroughly captured through information gathered for URS.

Name of State Performance Indicator:

Numerator	SFY2009 (actual)	SFY2010 (actual)	SFY 2011 (projected)
Children receiving Medicaid Managed behavioral health services**(*Iowa Plan) (Distinct clients ages 0-18 count for the SFY)*	34,315	41,043	43,506
Children receiving Remedial Services Program (RSP)*	15,878	20,618	24,498
Children with SED receiving Child Mental Health Waiver services at any time during the fiscal year.*	774	799	1,044
Children with SED receiving services through a System of Care (2 projects) ***	506	561	570
Systems of Care projects	1	2	3
Denominator**	38,943	38,943	38,943

Goal: Children with SED's and their families will receive mental health services when needed in the communities where they live, learn, work and recreate in order to reduce reliance on out of home, acute care and institutional placement for treatment of serious emotional disturbance and other mental health issues.

Target: The number of children receiving at least one of the measured mental health services will increase with a target of a 1.5% increase in children served by the Systems of Care and increase by 1 (50%) of the numbers of Systems of Care projects. The SMHA is focused on increasing the utilization of care coordination and case management services in order for children with SED and their families to receive the maximum benefit from mental health services available in the community. DHS is projecting a 6% growth in individuals eligible for the Iowa Plan, an 18% increase in remedial service usage, and a 17.5% increase in utilization of the CMH waiver, based on historical trends.

Population: Children with a serious emotional disturbance.

Criterion: Criterion 2: Prevalence of Children with SED and quantitative targets.

Indicator: Children and Adolescents with a Serious Emotional Disturbance who received identified mental health services during the state fiscal year.

Measure:
Numerator: Number of children, including children with SED, who received mental health services
Denominator: Prevalence rate of children with SED

Sources of Information:
*Dept. of Human Services, Iowa Medicaid Enterprise (IME).
**Magellan Behavioral Health (Iowa Plan managed care contractor)
*** Dept of Human Services, Division of Mental Health and Disability Services (MHDS)
****NASMHPD Research Institute (NRI), 2009 SMI and SED Estimates. Web site is http://www.nri-inc.org/projects/SDICC/urs_forms.cfm

Special Issues:

Children in Iowa may access public mental health services through multiple categories of eligibility. Children and their families may qualify based on financial eligibility for Medicaid. Medicaid funds the Iowa Plan, which provides managed mental health care through Magellan Behavioral Health. Remedial services are one of the Medicaid community based mental health services available to children, provided in the home, school, and community without a requirement of involvement with DHS Child Welfare. Children may receive Medicaid and Iowa Plan services through the Children's Mental Health Waiver which requires meeting the criteria for SED and meeting level of care requirements for hospital or institutional care. The children receiving CMH waiver program services are also eligible to receive remedial services (RSP). Children in foster care are also eligible to receive Iowa Plan services and RSP while in foster care. Children who reside in PMIC's are institutionally deemed eligible for Medicaid but sometimes lose this eligibility following discharge back to their home if their family income exceed guidelines. This causes the child to lose access to ongoing mental health supports available through the Iowa Plan and Medicaid.

While it is positive that families have multiple pathways to access public mental health services, there is confusion about when eligibility ends and how long-term needs of children with serious emotional disturbance can be met. Systems of Care, in limited areas addresses these service gaps by use of care coordination and flexible funding for children with SED whose mental health needs are not met through their insurance plan or family resources. The CMH waiver also addresses these gaps and provides targeted case management to coordinate the services provided, however, the waiver is limited to 730 slots and there is a waiting list of 650 children. In July 2010, the CMH waiver program implemented a plan to reserve 10 slots for children exiting PMIC's, group care, and out

of state placements in order to provide more timely access to services available through the waiver.

Significance:
Iowa is working to address the service gaps that exist for children with SED and to reduce the reliance on out of home treatment and placement. As the Iowa children's mental health system grows and evolves, collecting data on children, outcomes, and the services accessed at different points in overall service delivery will be very beneficial in system wide decision making. The CHI-C survey tool will be used in SFY 11 to gather consumer data regarding outcomes and satisfaction with services.

Action Plan:
For SFY 11, the plan is to continue current service level funding of existing programs under the authority of the SMHA, which includes the Systems of Care in limited areas. A SAMHSA grant to expand Systems of Care to five additional counties has been submitted and a decision will be announced in September 2010. If awarded, this would increase Systems of Care projects in Iowa to three. The other source of public funding for child mental health needs is Medicaid. Because of the downtown in the economy, the number of children eligible for publicly funded Medicaid services has increased. At this time, the present economic outlook appears to be constant. It is anticipated that growth in Medicaid eligible individuals will continue due to the continued fragile economy.

The SMHA also plans to continue to partner with Medicaid to determine the feasibility of including additional billable services for children with SED in the Medicaid program.

Child - Provides for a system of integrated services appropriate for the multiple needs of children without expending the grant under Section 1911 for the fiscal year involved for any services under such system other than comprehensive community mental health services. Examples of integrated services include:

Social services;
Educational services, including services provided under the Individuals with Disabilities Education Act;
Juvenile justice services;
Substance abuse services; and

Health and mental health services.

Part C. State Plan
Section III. Performance Goals and Action Plans to Improve the System

Child

1. Current Activities
Criterion 3 Children's Services
(a) System of Integrated Services

Provides for a system of integrated services appropriate for the multiple needs of children without expending the grant under Section 1911 for the fiscal year involved for any services under such system other than comprehensive community mental health services. Examples of integrated services include:

- *Social services;*
- *Educational services, including services provided under the Individuals with Disabilities Education Act;*
- *Juvenile justice services;*
- *Substance abuse services; and*
- *Health and mental health services.*

Iowa is moving toward development of a System of Integrated Services through adding Systems of Care sites as funding permits and as local areas demonstrate their interest and investment in this model. Iowa has two local systems of care (SOC) initiatives – Community Circle of Care that encompasses ten (10) counties in northeast Iowa and Central Iowa System of Care serving two central Iowa counties. Other areas are demonstrating their interest in development of a system of integrated services by implementing the wraparound process in their agencies and schools, applying for SAMHSA grant funding, and engaging with the existing Systems of Care in planning groups in order to learn how to implement System of Care principles in their communities.

Social Services:
The Iowa Department of Human Services (DHS) includes the SMHA, Medicaid, Child Welfare services, and financial and food assistance. The Systems of Care are invested in ensuring that families access all social services available through DHS and have assisted families with application processes and understanding how to access all available services in support of their child with SED. Systems of Care are also involved with DHS-Child Welfare to provide services to families who may present at the Child Welfare access point, but are actually seeking mental health services. Making sure that families receive the appropriate services from the appropriate system is a crucial activity of the Systems of care. CCC and CISOC collaborate with DHS Service areas and other Child Welfare agencies to facilitate access to mental health, disability, and other supportive services for children who are involved with or at risk for the child welfare system; to reduce the unnecessary involvement of children with child welfare services; to reduce repeat involvement with child welfare services; to support children in the least restrictive, most home like setting (preferable their own home); and to support timely permanency.

The child welfare system focuses on the safety and permanency needs of children. The child welfare system assesses the children served within that system and diverts children

without safety needs to community resources. Children with mental health or behavioral issues and for whom there are little or no protective/safety issues may be served through community care rather than child welfare. The child welfare system also accesses shelter care, foster family care, relative/kinship placements, group foster care settings, supervised independent living and PMICs depending on the service needs of the child and family.

Education Services including services provided under Individuals with Disabilities Act:

There are 361 school districts in Iowa, many located in rural areas with multiple buildings. Iowa has seen consolidation of smaller school districts within the last decade. Consequently, providing all educational services including mental health and learning supports have become more challenging with staff having to cover greater areas. The delivery of required special education and related services to children with disabilities involves the State Education Agency (SEA), Area Education Agencies (AEA's) and Local Education Agencies (LEA's). Other public agencies in this State with responsibilities for the delivery of educational services to children with disabilities include the Iowa Department of Corrections, Iowa Braille and Sight Saving School, Iowa School for the Deaf, and those facilities operated by the Iowa Department of Human Services. The educational programs provided children with disabilities by all agencies are under the general supervision and conform to educational standards established by the Department of Education.

The State of Iowa has established rules and regulations governing the delivery of special education and related services to children with disabilities in the school systems of the State. These rules establish basic requirements for the establishment and maintenance of appropriate instructional and support service programs. They also address the requirement to provide a free and appropriate public education (FAPE) for children suspended or expelled from school. Additionally, standards relating to the licensure of all instructional and support service personnel have been established and approved by the Iowa Board of Educational Examiners. The SEA has the primary responsibility for auditing compliance by all agencies with the provisions of the aforementioned rules and standards.

Privately operated schools and privately operated residential schools providing educational services for children with disabilities are subject to program approval by the SEA and must comply with all applicable rules and standards relating to the delivery of educational services.

In accordance with this stated policy, all children with disabilities between the ages of birth and 21 have a free appropriate public education available to them. Public education for regular education students is available for students between the ages of five and 21 years of age.

Serving students to the age of 21 is consistent with Iowa law that defines school age as being "persons between five and twenty-one years of age." State law also requires school

boards to provide special education programs and services for all children requiring special education, thus mandating a free and appropriate public education for students with disabilities who are age birth to five.

Learning Supports is embedded in the Iowa Education system. The Learning Supports is described as a wide range of strategies, programs, services, and practices that are implemented to create conditions that enhance student learning. Learning supports: 1) promote core learning and healthy development for all students; 2) ,are proactive to prevent problems for students at-risk and serve as early interventions and supplemental support for students that have barriers to learning; 3) and address the complex, intensive needs of some students. As mentioned in Criterion 1, the Learning Supports initiative has created a school-based mental health wraparound program which currently includes 16 school buildings across the state. This wraparound program partners with community mental health providers to address mental health and other familial issues that are affecting the child's functioning in the school setting.

Within the education system there are 9 Area Education Agencies (AEA's). These agencies work with local school districts to assist children identified needing specialized services for academic progress. AEA's are mandated to be enrolled Medicaid providers and the staff are qualified to provide many mental health services including case management, counseling, and skill building. The Department of Education is partnering with the Area Education Agencies to implement Learning Supports through local teams that work in each school district in Iowa. The teams work in the areas of bullying reduction (Olweus), PBIS, and Challenging Behaviors. Educators are receiving training in these areas, including functional behavioral analysis of children with challenging behaviors, in order to for children to be successful in school, be healthy and socially competent, prepared for productive adulthood, and have the benefit of safe schools, homes, and communities.

The Systems of Care sites work closely with local schools to identify students in need of mental health services, integrate mental health services within the education system, and advocate for families when they are attempting to access services under IDEA. The Systems of Care have also provided Mental Health First Aid training to school staff in their regions, and are available to consult with schools regarding mental health concerns of students.

Juvenile Justice Services

Children and youth who have been found to have committed a crime and adjudicated delinquent receive case management services through Juvenile Court Services. Many of the services accessed for children/youth adjudicated delinquent within the community are similar to those through child welfare although the Juvenile Justice system has chosen to support several mental health programs with the goal of diverting children and youth with mental health issues from further involvement with the Juvenile Court.

Juvenile Justice has three distinct services for its target population. Many schools have juvenile court liaison officers. These officers are funded through a combination of local education, juvenile justice, and, at times, law enforcement. The overall function is to be able to intervene within the school setting to prevent behaviors that could lead to criminal behaviors. The second service is tracking & monitoring which is essentially a service to allow a child to leave or be diverted from detention but be accountable for his/her locations and involvement in the community. The third service is supervision which is basically a longer term service providing a monitoring component and evaluating a youth's compliance within school, home, and community settings. The Juvenile Justice system can also place children out of the home in foster care settings, detention, or state juvenile facilities such as the Iowa Juvenile Home or the State Training School.

The Juvenile Justice System is a strong participant in the development of the integrated service system through its support of Functional Family Therapy as an intervention for children involved with the juvenile justice system who have co-occurring mental health issues. The State Juvenile Justice Advisory Council is also providing funding support for a local System of Care for children involved with the Juvenile Justice system and in need of mental health coordination and services. Systems of Care in Iowa are connected with their local juvenile courts in order to be considered as an alternative to more restrictive interventions, and to meet the mental health needs of children who present because of law violations but may have undiagnosed or untreated mental health needs.

Substance Abuse Services

A detailed list of substance abuse services provided through the Iowa Plan may be located with Child Criterion 1 – Comprehensive community mental health services.

Two of the 12 PMIC facilities in Iowa provide services to adolescents diagnosed with co-occurring substance abuse and mental health disorders. The program located in Glenwood, Iowa has a capacity of 15 and the program in Sioux City, Iowa has a capacity to serve up to 41 children at any given time.

The number of Community Mental Health Centers providing substance abuse treatment and mental health treatment for adults and youth is increasing. In addition to the increased number of providers, many providers who have been trained and established for the last several years are now positioned to increase the number of consumers, youth, and families receiving integrated SA/MH services.

Health and Mental Health Services

Iowa's health and mental health service system for children is described in Criterion1. Health service providers are available through public and private clinics, hospitals, schools, and individual providers. In rural areas, it is more difficult to find specialty health and mental health providers as well as providers who accept Medicaid. Families may have to drive significant distances to access health and mental health providers.

Children may access mental health services from a variety of sources, including school social workers and psychologists, psychiatrists, remedial service providers, private

clinicians, child welfare service providers, community mental health centers, hospitals, and psychiatric medical institutions for children. Children also receive mental health services through their involvement with Child Welfare or Juvenile Justice. While the wide variety of providers offers families many service delivery options, it can also lead to fragmentation of services as families may be receiving multiple services from multiple providers without any entity responsible to coordinate services and ensure that all providers are working toward common goals. Children receiving the Children's Mental Health waiver receive targeted case management to address this gap. Children served by System of Care services receive care coordination services delivered from a wraparound model of service delivery. Iowa is exploring methods of expanding care coordination services to more children with SED in order to improve efficacy of services provided, reduce usage of out of home treatment options, and offer families support in managing the challenges of parenting a child with SED.

Systems of Care-Central Iowa System of Care and Community Circle of Care

The Central Iowa System of Care (CISOC) and the Community Circle of Care (CCC) serves children and youth ages 0-21 who are diagnosed with a mental health disorder and meets the criteria for Serious Emotional Disturbance (SED). The children and youth served by both programs are assessed to be at high risk of involvement with more intensive and restrictive levels of treatment due to their serious behavioral and mental health challenges. Both programs provide the following services:

- Care Coordination – A care coordinator works with the family and child to identify strengths, needs and available resources for the family, as well as providing direct support and service to the family to address immediate and ongoing needs. The care coordinator works with the family, schools, providers, and any other involved parties to ensure that services are delivered in a focused, coordinated manner that meets the child and family's needs.
- Parent Support Services – Parent Support Services and support groups enable parents to connect with other families experiencing the challenges related to caring for a child with mental health issues.
- Wraparound Family Team Meeting – A wraparound plan is created that incorporates formal and informal supports that the family can utilize to improve their child's ability to function in the home, school, and community. All services provided to the family are coordinated by the care coordinator and Wraparound Team and are focused on the family's identified goals.
- Flexible Funding – Funding is available to pay for flexible supports that help the family maintain their child at home, such as respite, environmental adaptations for family homes, and payment for in-home or remedial services for families who are not Medicaid eligible.
- Community trainings – Trainings are offered at reduced or no cost for families, providers and the general public regarding children's mental health issues.

The Community Circle of Care provides additional services including activities that promote youth involvement, youth support groups, crisis intervention in certain counties, cultural diversity activities, and has additional evaluation activities that are mandated by the SAMHSA grant but are not present in the state-funded grant. CCC services also

include a comprehensive health assessment as part of the overall assessment of the child and a strong focus on the development of medical and mental health homes for children with mental health needs.

The overall goal of both programs is to help the identified child remain in their home, school, and community unless safety or clinical reasons require more intensive services. If such services are recommended, the program can remain involved with the family to support the child's return to the family home more quickly by providing ongoing coordination and parent support. Families referred to the System of Care are often at the point of requesting assistance from the court or child welfare system, have placed their child on a waiting list for a PMIC, or have already placed their child in a PMIC or foster care, and need assistance in successfully transitioning the child back to their home, school, and community. Their families have exhausted available resources and need an organized system of services and supports to avert placement or treatment of their child out of the home.

Referral sources for both programs include parents, DHS Child Welfare, Juvenile Court Services, PMIC's, therapists, and other mental health service providers. CCC has been in existence for nearly four years and has well-developed relationships with local schools, physicians, and other community providers. CISOC is in the process of developing these relationships in the community. Due to the agency connection to Orchard Place PMIC, as well as the contractual relationship to serve children referred by Juvenile Court Services, the majority of CISOC's referrals are currently coming from those two sources. Of significance for the children referred to CISOC, 52% had previously been hospitalized for mental health issues and 48% had a previous or current PMIC placement.

Performance Measures

The state -specific measures regarding the Children's Mental Health Waiver and Systems of Care address this criterion.

In the next fiscal year, through use of the CHI-C, it is expected that the state will be better able to report on the NOMs of school attendance, juvenile justice involvement and improved level of functioning which would measure some of the elements of an integrated children's system.

Child - Establishes defined geographic area for the provision of the services of such system.

Part C. State Plan
Section III. Performance Goals and Action Plans to Improve the Service System

Child

1. Current Activities
Criterion 3 Children's Services
(b) Geographic Areas

Establishes defined geographic area for the provision of the services of such system

Iowa is a highly rural state with 99 counties and a decentralized mental health system. Formal Systems of Care for children with SED are limited to the geographic areas described below, however, Iowa's Olmstead Plan for Mental Health and Disability Services identifies under Goal 3, Capacity, the objective to "expand Systems of Care for people of all ages, with access centers in communities statewide providing assessment, navigation, and information. " The Olmstead Plan also specifically identifies the importance of supporting and building sustainability for the two established Systems of Care, as well as supporting the potential third System of Care in eastern Iowa, and promoting expansion of System of Care programs in Western Iowa.

SOC Initiative #1: Community Circles of Care
The **Community Circle of Care (CCC)** is an existing community based Systems of Care (SOC) for children and youth with serious emotional disturbance, and their families sponsored through the Substance Abuse and Mental Health Services Administration (SAMHSA) that is located in 10 counties in NE Iowa. The counties included are Allamakee, Buchanan, Clayton, Clinton, Delaware, Dubuque, Fayette, Howard, Jackson, and Winneshiek.

SOC Initiative #2, Central Iowa System of Care:
The **Central Iowa System of Care** is a state funded System of Care program for children and youth from birth to age 21 and their families who reside in the Polk and Warren County catchment area and who have or are at significant risk of having a serious emotional disturbance or other mental health condition or disorder.

Proposed SOC Initiative #3-East Central Iowa Children's Mental Health Initiative:
This proposed System of Care will cover five counties in East Central Iowa-Linn, Johnson, Jones, Benton, and Iowa. An application for a SAMHSA System of Care grant for this area was submitted in December 2009 with an expected notification date of September 2010.

Child - Describe State's outreach to and services for individuals who are homeless

Part C: State Plan
Section III: Performance Goals and Action Plans to Improve the Service System

Child
1. Current activities
Criterion 4 Targeted services to rural and homeless populations
(a) Outreach to Homeless

Describe State's outreach to and services for individuals who are homeless

For the calendar year beginning January 2009, 23,808 Iowans were homeless and received services from homeless agencies across Iowa. The following statistics and information is taken from the annual report prepared by the Iowa Institute for Community Alliances and was provided as a "snapshot" of service and shelter use on behalf of the Iowa Council on Homelessness.

In addition to the 23,808 unduplicated numbers of homeless Iowans cited above, an additional 15,351 Iowans were at risk of becoming homeless and were served by agencies to prevent homelessness. These statistics represent an increase of 39% from the year before.

Homeless families comprise 14,068 individuals of the total homeless population. 54% of those individuals were under the age of 18.

The Iowa Department of Education collects data on homeless children it enrolls in public schools in kindergarten through 12th grade. It also collects data from schools who receive McKinney-Vento federal funds to serve homeless students. The 17 Districts receiving these funds in 2009 enrolled 4,435 homeless students in grades PK-12. Of that number, 833 were identified as receiving Special Education (IDEA) services. The students are not self-reporters, but have been identified by the Districts as receiving services. This may include students with mental health issues; however, the Department of Education does not collect data that identifies this.

The Department of Human Services, Division of Adult, Children, and Family Services provide services to rural homeless youth through a five year federal grant. The Iowa Rural Homeless Youth Project builds on the past experience and strong working relationships among state agencies and community partners. The Iowa Department of Human Services partners with the Iowa Collaboration for Youth Development (ICYD), a network of state agencies and community partners coordinating and embedding positive youth development principles in policy and practice across multiple youth service systems at the state and community level; and the three local organizations in Iowa that receive funding from FYSB for the Transitional Living Programs (TLP), for the purpose of developing an implementation plan to improve coordination of services and creation of additional supports for rural youth and to advance positive youth development approaches and programming to effectively address youth homeless issues in the rural communities in the state. The project is currently funding a demonstration site in Boone County, Iowa. That community is working to create a local center that will provide

homeless youth a safe place as well as a central location to access services, including mental health services.

More data needs to be collected on the child homeless population. Children are not always identified as homeless as schools may not be aware of a child's living situation. Information regarding children's mental health status or disability is often not reflected in Department of Education data which tends to be non-specific regarding the type of disability a child may have.

The SMHA plans to continue working with the Division of Adult, Children, and Family Services to ensure that children transitioning from foster care who are often at risk of homelessness, and others youth served by the rural homeless grant are provided access to appropriate mental health services.

The SMHA participates on the Iowa Council on Homelessness, which is a multi-agency state -mandated council which works to create a sustainable economic environment, ensure access to comprehensive healthcare, and to ensure access to safe, decent, and livable housing.

Performance measure:

There is no specific performance measure for this criterion, however, the NOM -stability in housing, will be used to measure homelessness within the population of children with SED when this data is gathered through the CHI-C in SFY11.

Child - Describes how community-based services will be provided to individuals in rural areas

Part C: State Plan
Section III: Performance Goals and Action Plans to Improve the Service System

Child
1. Current activities

Criterion 4 Targeted Services to rural and homeless populations
(b) Rural Services

Describes how community-based services will be provided to individuals in rural areas

Iowa is a rural state. According to an Office of Management and Budget and U.S. Census Report (2007), 20 of Iowa's 99 counties are classified as metropolitan. The remaining 79 counties are rural or non-metropolitan. Iowa's rural environment, number of residents at or below the poverty level, elderly population, and shifting demands for health care providers all contribute to rural health disparity and consistent areas of medically underserved populations within Iowa. Eighty-nine of Iowa's 99 counties are designated by the federal government as Mental Health Care Shortage Areas. The federal government officially recognizes there are not enough mental health professionals to provide a sufficient level of care in these counties. This designation qualifies the facilities in the geographic area to apply for federal funding for provider loan repayment. It also allows facilities in these areas to hire J-1 visa physicians through the State Conrad 30 program. Iowa also has limited loan repayment funds available through the Iowa Department of Public Health PRIMECARRE program and through the State Loan Repayment Program (SLRP). The 10 counties in Iowa that do not meet the designation of a shortage are all counties that are also metropolitan statistical areas. There is a notable rural health disparity in the area of mental health access. (IDPH Center for Rural Health and Primary Care 2010 Annual Report)

Iowa's rural residents have difficulty accessing mental health care because of other health insurance complications. Farm and rural residents are less likely to seek treatment for mental illness than urban residents because of negative stigmas associated with mental health services. There is a need for rural service delivery models that are sensitive to the cultures of the many specialized cultural groups (e.g., Amish, Mennonite, and Hispanic/Latino groups) with clusters in parts of Iowa. Rural mental health services are provided by Iowa's 31 community mental health centers, which often serve multiple counties and private provider agencies that contract with the counties to provide such services.

As in many rural parts of the country, rural families may not initially reach out to the formal mental health system for services. Through the Iowa State University Extension Office, which primarily serves the agricultural community in Iowa, there is a free counseling program called 'Sowing the Seeds of Hope'. Families that do not have mental health insurance coverage or are under-insured may be eligible for up to five one hour counseling sessions per year. Individuals may access this service, by calling a toll free number. They will receive referrals to appropriate services and will be provided with vouchers to pay for the services.

Iowa has several Community Mental Health Centers that utilize telemedicine to provide more access to psychiatrists in rural counties. However, urban or metropolitan communities also use telemedicine to provide psychiatrist services due to the overall lack of practicing psychiatrists in Iowa.

For children with SED and their families, remedial services are available on a statewide basis with providers eligible to serve every county. Every county or cluster of counties has a Community Mental Health Center and other mental health service providers available for children. The children's mental health waiver program is also available to every child with SED and their families statewide within the limitation of available slots. However, families and advocates in rural areas report a shortage of available providers even when they are eligible for remedial or children's mental health waiver services.

The Community Circles of Care system of care project in northeast Iowa has a geographic area that includes nine rural counties of the ten counties served. The proposed East Central Iowa System of Care includes 3 rural counties as well as 2 urban counties. Continued development of local systems of care including crisis and emergency mental health services will be encouraged, in the future, with an emphasis on meeting the unique needs of rural areas.

Child - Describes financial resources, staffing and training for mental health services
providers necessary for the plan;

Please refer to Adult Section III Criterion 5 Resources for Providers

Child - Provides for training of providers of emergency health services regarding mental health;

Refer to Part C Section III Adult Criterion 5 Emergency Service Provider Training

Child - Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved

Refer to Part C Section III Adult Criterion 5 Grant Expenditure Manner

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☑

Name of Performance Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	33,758	37,227	37,500	38,000	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal: Children with serious emotional disturbances in Iowa will have increased access to mental health services through various programs such as: the Children's Mental Health Waiver, remedial services, managed care services and local systems of care.

Target: Iowa's Olmstead Plan for MHDS has an access goal stating: Increased access to information, services and support that individuals need to optimally live, learn, work and recreate in the communities of their choice. Included is expansion of provider capacity, and community capacity to ensure access to community based crisis intervention, behavioral programming and MH outreach services, improved access to school-based MH services, including teacher access to consultation with MH professionals.

Population: Children with Serious Emotional Disturbance eligible for publicly funded health programs.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Number of Children with SED who have received mental health services during each fiscal year as reported in URS tables

Measure: Number of Children with mental health issues, including SED, who have received mental health services during each fiscal year as reported in URS tables 2008.

Sources of Information: URS table 2A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Statistics of Children with SED are received from Managed Care/Behavioral Health, Children's Mental Health Waiver, and Remedial Services. It is currently not possible to unduplicate children receiving system of care services from children being served through the other mental health systems and funding sources.

The format of the templates remains the same for all Performance Indicators (PI). This PI template does not allow numbers to be put into the Numerator/Denominator areas on this paricular PI. This PI is not measuring a percentage increase/decrease. It is strictly a measure in the number of persons served.

Significance: It is important to know how many unduplicated children access the various programs which comprise the children's mental health system. Equally important is to consider how to gather information on any child as he/she accesses different service systems to understand unmet needs, gaps in service capacity, coordination, or system limitations.

Action Plan: Iowa has one well-established Systems of Care site, a second site began to serve children in SFY2010, a third site has applied for a SAMHSA grant and work has begun for a site in Western Iowa. There is expected to be an increase in children served in SFY 11 through Systems of Care. Other local collaborations are occurring for the purpose of building community understanding and ownership for systems of care models. As more systems of care sites begin serving children, measurement instruments will be developed to indicate the number of children accessing the lead agency and any other mental health systems, as well as outcomes in the key domains of functioning in home, school, and community. The Olmstead Plan for Mental Health and Disability Services identifies the need for expansion of the systems of care programs to other geographic areas in Iowa. The plan also identifies the need for school based behavioral health services and training teachers to identify children in need. The Olmstead Plan promotes the provision of Mental Health First Aid training for teachers, child welfare workers and members of the public to create awareness of mental health and disability issues and improve the capability for individuals to recognize and appropriately respond to individuals experiencing mental health issues and crisis.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	40.10	33.63	33	33
Numerator	247	190	--	--
Denominator	616	565	--	--

Table Descriptors:

Goal: Iowa's Olmstead Plan for MHDS addresses Access to Services and Support with objectives to build and expand provider capacity in communities. This will reduce hospitalizations and re-admissions and promote recovery and resilience.

Target: Iowa is projecting fewer hospitalizations and readmissions. Our target is to reduce the number of readmissions in our state hospital system. Iowa is working hard on a State Plan to build community provider capacity and alternatives to hospitalizations and increasing availability and access to community mental health services such as remedial services, children's mental health waiver, and community systems of care.

Population: Children with Serious Emotional Disturbance.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of readmissions within 30 days of discharge

Measure: Total number of admissions/readmissions at state MHI's for 2008.

Sources of Information: URS tables 20A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: There is some difficulty collecting data from the MHI reporting system. There is some movement of children back and forth between a state run PMIC and a state hospital, showing a readmission each time but without discharge to the community. Age categories do not align with state's definitions of Adults with SMI and Children with SED. Children & youth 0 to 21 are defined as SED. URS captures 18 - 20 year olds and 21 - 64 ages. Iowa has 120 State Hospital beds, 37 of which are for children and adolescents and over 600 private care beds, 90 of which are for children and adolescents. This measure only reports on the State Hospital system. The State Hospitals tend to be the placement of last resort for the most difficult cases.

Significance: Children with mental health issues are best served in their communities. When hospitalization is necessary, every effort should be made to assure a child and family has appropriate community services and supports arranged at discharge to reduce the risk of readmission.

Action Plan: Increase development and implementation of the pilot areas for systems of care and emergency mental health services, increase the number of children served through the children's mental health waiver and increase use of remedial services should result in decreased need for initial admissions, 30 day readmissions, and 180 day readmissions. The Olmstead Plan for Mental Health and Disability Services identifies the need for school based behavioral health services and training teachers to identify children in need and providing teaching tools to

enhance the education of children with disabilities. The Olmstead Plan promotes the provision of Mental Health First Aid training for teachers, child welfare workers and members of the public to create awareness of mental health and disability issues and improve the capability for individuals to recognize and appropriately respond to individuals experiencing mental health issues and crisis.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	45.13	37.70	37	37	
Numerator	278	213	--	--	
Denominator	616	565	--	--	--

Table Descriptors:

Goal: Iowa's Olmstead Plan for MHDS addresses Access to Services and Support with objectives to build and expand provider capacity in communities. This will reduce hospitalizations and re-admissions and promote recovery and resilience.

Target: Iowa is projecting fewer hospitalizations and readmissions. Our target is to reduce the number of readmissions in our state hospital system. Iowa is working hard on a State Plan to build community provider capacity and alternatives to hospitalizations and increasing availability and access to community mental health services such as remedial services, children's mental health waiver, and community systems of care.

Population: Children with Serious Emotional Disturbances

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of readmissions within 180 days of discharge

Measure: SFY2008 Table numbers used. Total admissions for children, youth ages 0 - 20 was 2219. Readmissions at 180 days was 441. Result is 19% readmission rate.

Sources of Information: URS Table 20A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: There is some difficulty collecting data from the MHI reporting system. There is some moving of children back and forth between a state run PMIC and a state hospital, showing a readmission each time but with not discharge to the community. Age categories do not align with state's definitions of Adults with SMI and Children with SED. Children & youth 0 to 21 are defined as SED. URS captures 18 - 20 year olds and 21 - 64 ages. Iowa has 120 State Hospital beds, 37 of which are for children and adolescents and over 600 private care beds, 90 of which are for children and adolescents. This measure only reports on the State Hospital system. The State Hospitals tend to be the placement of last resort for the most difficult cases.

Significance: Children with mental health issues are best served in their communities. When hospitalization is necessary, every effort should be made to assure a child and family has appropriate community services and supports arranged at discharge to reduce the risk of readmission.

Action Plan: Increase development and implementation of the pilot areas for systems of care and emergency mental health services, increase the number of children served through the children's mental health waiver and increase use of remedial services should result in decreased need for initial admissions, 30 day readmissions, and 180 day readmissions. The Olmstead Plan for Mental Health and Disability Services identifies the need for school based behavioral health services and

training teachers to identify children in need and providing teaching tools to enhance the education of children with disabilities. The Olmstead Plan promotes the provision of Mental Health First Aid training for teachers, child welfare workers and members of the public to create awareness of mental health and disability issues and improve the capability for individuals to recognize and appropriately respond to individuals experiencing mental health issues and crisis.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	N/A	N/A	N/A	N/A	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal: Children with SED and their families will have access to more appropriate evidence based practices.

Target:

Population: Children with Serious Emotional Disturbances

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information: There is not a data source to track the number of EBP's available or number of children served with each EBP

Special Issues: While Iowa has state mandates to use block grant funding to develop and implement EBP's, the SMHA did not specify specific EBP's to be rolled out. Consequently, providers have chosen various EBP's. Some of the most often implemented EBP's include, Parent Child Interactive Therapy, Interpersonal Psychotherapy Treatment for Adolescents, Incredible Years, and Trauma Focused Cognitive Behavioral Therapy.

Significance:

Action Plan:

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	N/A	N/A	N/A	N/A	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa does not have methodology to capture information regarding children with a SED receiving theraputic foster care. Data from the child welfare system may provide the number of children in foster care, but that data does not collect a child's mental health diagnosis. Theraputic foster care is not within the mental health system. Such placements require juvenile court action.

Significance:

Action Plan:

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Performance Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	N/A	N/A	N/A	N/A	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa does not have any MST sites on which to report.

Significance:

Action Plan: Iowa has chosen to identify a set of EBP's that do not include those identified in the NOM's. Please refer to Section II of the application for descriptions of the identified EBP's.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	N/A	1.94	N/A	N/A	
Numerator	N/A	724	--	--	
Denominator	N/A	37,227	--	--	--

Table Descriptors:

Goal: The SMHA will initiate dialogue with the Juvenile Justice and Child Welfare system regarding the role of FFT in the overall children's mental health system

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa does have 6 FFT teams connected with 5 different service providers. FFT in Iowa is currently funded primarily with juvenile justice and child welfare allocations. Because FFT has been initiated and monitored through juvenile justice services, the providers do not submit data for URS or to the SMHA.

Significance: While FFT is a widely recognized EBP for children with SED, in Iowa it has been provided primarily to the subpopulation of children involved with the Juvenile Justice System who have a co-occurring mental health issue. It is unknown if all children in this subgroup are included in the totals of children identified as receiving publicly funded mental health services.

Action Plan: In SFY11, the SMHA will initiate dialogue with the Juvenile Justice and Child Welfare system regarding the role of FFT in the overall children's mental health system. This will allow the SMHA to determine appropriate goals and targets for this performance indicator.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal: Unable to report on this NOM, a child survey instrument has not been implemented.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa has not implemented a survey tool for children.

Significance: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for adults and children funded by Medicaid and individuals using other funding.

Action Plan: Iowa will begin collecting data, using the CHI and the CHI-C, from adults and children in SFY2011, to be reported in 2012.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for adults and children funded by Medicaid and individuals using other funding.

Significance:

Action Plan: Iowa will begin collecting data, using the CHI and the CHI-C, from adults and children in SFY2011, to be reported in 2012

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information: N/A

Special Issues: The mental health system does not currently screen and report on involvement in the juvenile justice system for children receiving mental health services. Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for adults and children funded by Medicaid and individuals using other funding.

Significance: Collection and analysis of this data would increased the ability to intervene with youth early in their involvement with the juvenile justice system through Systems of Care, remedial services, and other community based mental health services designed to divert children with SED from further involvement with the Juvenile Justice system and the adult correctional system.

Action Plan: Iowa will begin collecting data, using the CHI and the CHI-C, from adults and children in SFY2011, to be reported in 2012

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa does not have a means of collecting this data for children with SED and their families.

Significance: Stability in housing is of critical importance for all children but even more so for children with SED. Safety, structure, and predictability are all essential to any intervention, service, or support to have optimal results for a child and his/her family.

Action Plan: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for adults and children funded by Medicaid and individuals using other funding.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target	
Performance Indicator	N/A	N/A	N/A	N/A	
Numerator	N/A	N/A	--	--	
Denominator	N/A	N/A	--	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa has not had a tool to collect this data prior to SFY2011.

Significance: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for adults and children funded by Medicaid and individuals using other funding.

Action Plan: Iowa will begin collecting data, using the CHI and the CHI-C, from adults and children in SFY2011, to be reported in 2012.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--
Denominator	N/A	N/A	--	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator:

Measure:

Sources of Information:

Special Issues: At the present time, Iowa does not have a means of collecting data to report on this specific measure. Some providers use specific instruments, such as, the CAFAS and/or the CA-LOCUS to measure functioning but there is no method available to collect the data across providers.

Significance: Measuring improved level of functioning is crucial at all levels of service delivery -- the child/family treatment level, the local provider, regional or local SOC site level, and the state level all can use this information to make data informed decisions.

Action Plan: Iowa systems will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, administrative entity of the Iowa Plan for persons accessing Behavioral Health services and receiving Medicaid funding. Using the CHI/CHI-C will allow Iowa to gather information for adults and children funded by Medicaid and individuals using other funding.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☑

Name of Performance Indicator: CMH Waiver

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	1.80	2.05	2.50	2.50
Numerator	663	799	--	--
Denominator	43,475	38,943	--	--

Table Descriptors:

Goal: Increase access to coordinated mental health services and supports, through the children's mental health waiver, for children with SED.

Target: In SFY11, increase percentage of eligible children receiving CMH waiver program to 2.5%.

Population: Children diagnosed with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of estimated children with SED receiving CMH waiver program

Measure: Numerator: Number of children receiving CMH waiver (663, SFY08; 799, SFY09, 799, SFY 10)
Denominator: Prevalance rate of Children with SED (FY2007=43,475; FY2009=38,943)

Sources of Information: Numerator: IME, HCBS Bureau
Denominator: NASMHPD Research Institute (NRI), 2007 SMI and SED Estimates

Special Issues: The CMH waiver program has always had a “cap” on the number children able to receive services at any given time. When the program started, the cap was 300, raised to 600 in SFY 07, and has remained at 730 in SFY 09 and 10. The state Medicaid unit has deemed the cap will remain at 730 for SFY 11 with a plan to increase by 3% for the following two fiscal years as part of the 1915(c) application referenced below.

The CMH waiver was approved by CMS as a 1915 (c) waiver on July 1, 2010 for an initial 3 years. With this approval, all 7 of Iowa’s Medicaid Home and Community Based Services (HCBS) waivers are operating as 1915 (c) waivers. This change moved the CMH waiver out of the IowaCare demonstration project and will now offer consistency in managing the waiver and in providing quality oversight of the waiver. There were no new services added to the CMH waiver. The State will be looking at adding the Consumer Choices Option to the CMH waiver at a future date. CCO will allow members and their families to self direct some of the services in the CMH waiver. Additional services may be added in the future but will be contingent on need and funding. With the application , the CMH waiver added 10 reserved capacity funding slots for children coming out of MHI’s, PMIC’s, or out-of-state placements. The reserved capacity will allow 10 children each year to access the CMH waiver if no funding slot is available, leading to placement on the CMH waiting list.

Significance: The Olmstead Plan for Mental Health and Disability Services identifies the need to support and expand access to the Waivers and State Plan Home and Community Based Services. The more children receiving CMH waiver services and remaining in their homes and communities, the more progress will be made

toward achieving the state's goal of ensuring a life in the community for everyone.

Action Plan: The SMHA will continue to work with Medicaid to increase access to CMH waiver services for children with SED. This will include initiatives focused on building community provider skills so that children receiving waiver services have access to quality mental health services and supports.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities: ☐

Name of Performance Indicator: Establishment of Systems of Care

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Projected	FY 2011 Target
Performance Indicator	N/A	1.30	1.44	1.50
Numerator	N/A	506	--	--
Denominator	N/A	38,943	--	--

Table Descriptors:

Goal: Increase number of children with SED served by Systems of Care.

Target:

Population: Children and youth with SED in Iowa

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of children with SED receiving System of Care services

Measure: Numerator: Number of children with SED receiving services through a System of Care
Denominator: Number of children with SED in Iowa

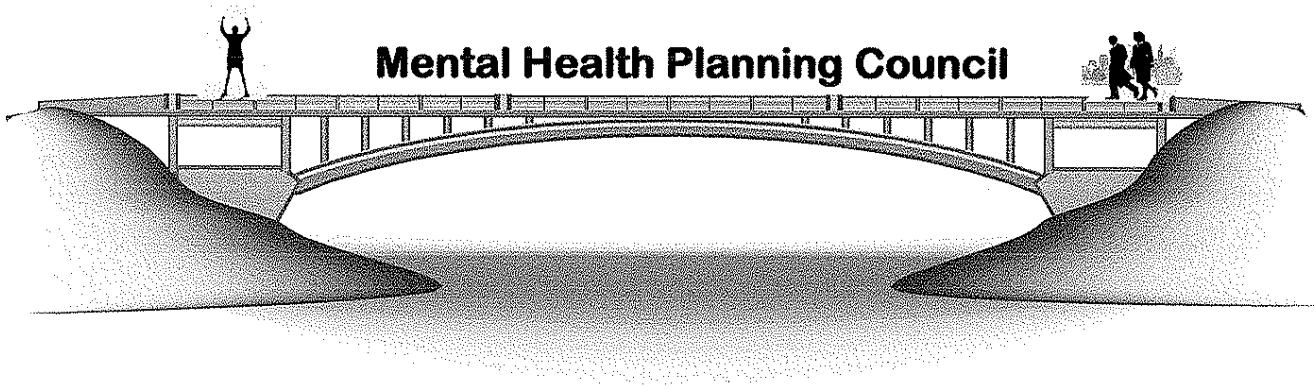
Sources of Information: Iowa Dept. of Human Services, Division of Mental Health and Disability Services

Special Issues: Two systems of care are currently operational in 12 of Iowa's 99 counties. One five county area has applied for a SAMHSA System of Care grant and has been working for several years to build the needed infrastructure and community support necesary to sustain a SOC. They will be notified in September 2010 if awarded the grant. Other areas of the state are in the beginning stages of developing wraparound services, local stakeholders groups, and the infrastructure needed to build a system of care.

Significance: Children in Iowa need access to community based services and supports in order to reduce more restrictive, high-cost out of home treatment for mental health issues. The Systems of Care currently operating are serving this high need, high risk population of children and are demonstrating success at maintaining these children in their homes, schools, and communities.

Action Plan: In FY2010, the numbers of children receiving services through system of care increased slightly. FY2011 will be a 'planning' year for the next System of Care program, so at this time, Iowa is planning to maintain the current service level and support for the existing Systems of Care.

Upload Planning Council Letter for the Plan



Bridging the Gap for Iowans with Mental Health Issues

Barbara Orlando
Grants Management Office
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-109
Rockville, MD 0857

August 5, 2009

Dear Ms. Orlando:

Thank you for the opportunity to submit this letter to accompany the State of Iowa's Community Mental Health Block Grant application. The Iowa Mental Health Planning Council endorses the grant application subject to comments made in this letter.

We appreciate the efforts of the staff of the Dept. of Human Services and the Mental Health and Disabilities Services Division (MHDS) to consult with the Council as they assemble the Block Grant application. There was a concerted effort this year to include action plan items from the State Mental Health Plan being written.

The 3 purposes of the Council are huge tasks. Since we only meet 6 times a year (for a total of 30 hours) there is a time constraint to how much we can do. Regardless, we often become impatient with ourselves for not accomplishing more. Council members are very committed to "make a difference".

Much of the work done is accomplished in committees and workgroups.

We have 3 standing committees – executive, nominations and monitoring and oversight. Workgroups are identified and exist for varying lengths of time depending on the task and duration of need:

- legislative workgroup
- block grant/state mental health plan workgroup
- bylaws/policy/procedures workgroup
- cultural competency workgroup
- adult system issues workgroup
- transitional issues workgroup
- children's issues workgroup
- corrections workgroup

Our goal is to involve as many Council members as possible who have the availability and desire to devote to projects outside of the 6 meetings we have in each year.

<u>The following are highlights from this last year</u>:

1. Since January 2010, there has been a **turnover of 10** on the Council (out of 33 total members). The Nominations committee has done an excellent job of considering diversity and balance in council membership.

2. The **Nominations Committee** re-designed the application for Council membership. Additional emphasis in the circulation of Council vacancy information was made to expand diversity efforts to

groups such as the Office of Latino Affairs, Office of Asian-Pacific Islanders, and other minority and ethnic groups.

3. **6 meetings** of the Iowa Mental Health Planning Council have been held in the last year. At each meeting, committees and workgroups with active projects were asked to report to the entire council.

4. In SFY 09, the state legislature passed legislation for the state appointed Mental Health and Disabilities **Commission** and the federally mandated Iowa Mental Health Planning Council to **coordinate** their activities. Both organizations met together in January and May of 2010. The Chair of the Council attends Commission meetings whenever possible in the intervening months and has e-mail and phone access to their officers. Council members are always welcome at Commission meetings and vice versa. We also have access to each other's share point sites.

5. In SFY 10, the state legislature passed legislation requiring at least one **veteran** (knowledgeable in veteran's mental health issues) be appointed to the Council and the Commission. The Council has complied with this requirement.

6. The **Bylaws Workgroup** presented a change to the Bylaws to designate 1 Council member be a veteran and the Council approved it.

7. The **attendance** of Council members is being tracked to monitor if the attendance policy is being kept (to miss no more than 3 meetings in a row). In general, attendance is poorest from State Agency representatives and state legislature ex-officio members. The Council is working with the MHDS Dept. to increase participation from State Agency representatives or find replacements.

8. **Barriers for attendance** have been identified as follows:
   A) For consumers - the reimbursement policy – often having extremely limited incomes means that a trip to Des Moines for Council meetings is a large expense. To have a reimbursement be delayed for whatever reason means other basic necessities may have to be delayed or given up. This discourages participation by the very people who need to be the center of our Council constituency.
   B) Poor teleconference access. It is very discouraging to call in to participate and not be able to hear what is going on.
   C) Other work commitments – from not being able to get the time off to attend Council meetings to conflicting meetings (in state or out of state), and unexpected emergencies.

9. **Possible solutions** to rid the barriers –
   A) Concentrate the Council votes into an hour or so time block so attendance by phone will help with quorum.
   B) Send Council meeting materials to members at least a week prior to the meeting.
   C) Better solution for phone conferencing whether it be video conferencing, Skype, ICN, or other alternative to allow for complete participation by all Council members.

10. Each member has been given a **membership manual** (3 ring binder). We are grateful to DHS staff person Connie Fanselow for taking the lead and assembling this much needed information.

11. **Share point** continues to be a means for Council members to have access to considerable information on Council business. The Council has access to the Commission share point site and vice versa so we can monitor each other's activities, have better coordination between the two advisory bodies, and have mental illness issue information available to all members.

12. We have a **Board Policy** document which records Council decisions on a variety of topics and provides a history for future Council members and meetings.

13. The **MHDS Division** has been present at each one of the Council's meetings this year – keeping us informed of activities at the Dept. and around the state. With the DHS reorganization, budget reductions, staff retirements and resignations, and new staff assignments, the challenges have abounded for the MHDS Division. We appreciate their steadfast attendance at our meetings and their commitment to keep us informed.

14. The **Executive committee** stays in contact with each other via teleconference and e-mail. Extra efforts have been made to communicate with Council members to a greater extent between meetings and populate the share point site with useful and updated information.

15. The **Letterhead workgroup** designed a letterhead for correspondence of the Council. The Council approved the design.

16. Our meeting agendas are focused on the **3 purposes of the Council**. Presentations, speakers, and workgroups are arranged to reflect the 3 purposes.

Purpose 1: To review the Mental Health Block Grant Plan and to make recommendations.

17. Activities related to the Block Grant:
    - Sept. 22-24, 2009 – There was a Community Mental Health Block Grant **monitoring visit** to Iowa. Council members provided input to the review team. We received the final report on the visit in late spring 2010.
    - In November 2009, the chairperson of the Council and MHDS staff attended the Peer Review of the Block Grant application in Kansas City.
    - In November 2009, the Council provided a letter to accompany the Implementation report which was submitted by the due date - Dec. 1.
    - In June 2010, MHDS Dept. staff, the Council chairperson, and CMHC providers attended the SAMHSA National Grantee Conference in Washington, D.C.

18. By state law, 70% of the Block Grant funds are distributed via formula to community mental health centers. The **Monitoring and Oversight committee** meets once a month and reviews outstanding contracts for 25% of block grant funds. They review for project purpose, outcomes, reporting compliance, and DHS oversight.

    At every Council meeting, the DHS staff person responsible for monitoring expenditures from Block Grant contracts presents a report on the balance of funds left for each contract so troubling trends can be spotted.

    The Monitoring and Oversight committee brings recommendations to the full Council to present to the MHDS Dept. Among the recommendations were to increase emphasis on cultural competency as requirement of every contract and to change to the federal fiscal year for CMHC's to spend their money, rather than the state fiscal year.

19. **A positive step** - the MHDS Division has simplified the CMHBG application for providers and require more accountability.
    - All applicants have to agree to participate in the outcomes data reporting system.
    - All applicants have to follow the definitions for serious mental illness (SMI) and serious emotional disturbance (SED) established by MHDS.
    - All applicants will have to provide performance measures and performance results.

20. **Another positive step**
    According to the state legislation which mandated that 70% of the Community Mental Health Block Grant be distributed to the Community Mental Health Centers, there were <u>two eligible purposes for the funds</u>. They are:

    Emergency services
    Evidence Based Practices

    In an effort to be <u>more flexible</u> with how CMHC's can spend their money – DHS identified these areas of need to be considered eligible purposes for Block Grant funding:

    Under recognition of co-occurring disorders
    Approaches to work with parents who have a disruptive child
    Supportive employment (even though there are other providers in the community who offer this service – for ex: Link, Goodwill, and other vocational services providers)
    Trauma informed care/emergency services for children
    Mental health wrap around coordination of services

21. **Another positive step** - the timeline to access Block Grant funds is being expedited to ensure all Block grant funds are requested before the deadline.

What portion of the Block Grant is the pool of money coming from?	Total dollars available	Maximum amount Applicants can apply for	Money has to be paid out by
Mini-Grant from 25% portion of the Block Grant	$ 150,000 (e)	$ 15,000 For planning purposes	Sept 30, 2011
SFY Block Grant 70%	$ 2,100,000 (e)	Per distribution formula	June 30, 2011
FFY Block Grant 70%	$ 2,100,000 (e)	Per distribution formula	Sept 30, 2011

22. The **Office of Consumer Affairs** has not existed for approximately 2 years. An RFP was issued Aug.1 and will re-establish it.

23. We recommend efforts continue to establish data systems to monitor performance measures and meet National Outcome Measures (**NOMS**).

24. We recommend an increased time period be available for Council members to review and provide input to the Block Grant as it is developed. The Council has a **Block Grant workgroup** who met with MHDS staff during July and August. It was determined more time was needed to evaluate each section so work on the FY 12 Block Grant will start soon after the FY 11 Block Grant is submitted to CMHS. Additional Council members are needed on the Block Grant workgroup to accomplish this.

25. The Council would appreciate being **consulted** for recommendations on what the 25% of Block Grant funds is planned to be spent on **prior** to the contract commitment instead of after.

Purpose 2: To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance and their families, and other individuals with mental illnesses.

26. The **Legislative Workgroup** had the following accomplishments:

    a) For the second year, assembled a compilation of legislative priorities from over 30 organizations concerned with mental illness issues and presented it to the Health and Human Services subcommittees of the Iowa Senate and House.
    b) Recommended to the Council to send a letter to State Senate and House leadership regarding remaining unused risk pool funds. Approved and sent.
    c) Recommended a letter be sent to Senators Grassley and Harkin on extension of FMAP benefits to states. Approved and sent.
    d) Recommended a letter be sent to the Governor, State legislature, Iowa Medicaid Enterprise, Dept. of Human Services, and the PDL (preferred drug list) Committee to express a "no confidence" response to the cancellation of open access to mental health drugs for persons on Medicaid and to request an indefinite delay of the implementation of a PDL. Approved and will be sent.

    In the coming year, we will be:
    --- reviewing last year's composite legislative priorities,
    --- assembling a current year composite of legislative priorities,
    --- coordinating our legislative priorities with the Mental Health and Disability Services Commission
    --- coordinating our legislative priorities with IDAN (Iowa Disability Action Network)
    --- and will prioritize and partner on a legislative agenda for the Council.

Purpose 3: To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

27. The MHDS Division is developing a **new State Plan** for Mental Health and Disability services which embraces the Olmstead plan concepts as well. The Council has met with preparers of the plan at two of the six council meetings this year. Individual council members have also attended other organization's meetings when input was sought for the plan.

The new State Plan will include a series of action steps to achieve a transformed system. We know there are not adequate mental health services in Iowa. Providers are overwhelmed with persons seeking help. With health care reform and returning military, the need will continue to increase dramatically.

The Community Mental Health Block Grant application attempts to show the present state of mental health services and an action plan to improve the situation. The Block Grant application will attempt to mirror the new State Plan for Mental Health and Disability Services.

28. The Council requested to be a part of stakeholder focus groups in the **Child and Family Service Review.** During the week of August 23, 2010, the federal Child and Family Service Review will be completed at 3 sites in Iowa – in Polk , Linn, and Webster County. The review will look at outcomes for children and families involved in the child welfare system and juvenile justice system.

    Interested Council members will participate in the stakeholder group interviews (focus groups) in the three counties and at the state level.

29. **Presentations** in the past year at Council meetings have enriched Council member knowledge regarding the adequacy of mental health services in the state.
    --Des Moines Mobile Crisis Unit – presentation on suicide facts and statistics
    --Iowa Disability Action Network – to find out more about the organization
    --MHDS Dept – monthly updates on a variety of initiatives and situations on issues relative to mental Illness issues in Iowa

30. Upcoming **presentations** anticipated will be:
    --Iowa Insurance Commissioner – Susan Voss – on health care reform and mental health parity implementation plans
    --Iowa Medicaid Enterprise – on the new Medicaid transportation brokerage system
    --Veterans Task Force Report
    --MHDS Dept. – monthly updates

31. Council members are participants in a variety of organizations which provide knowledge on the adequacy and allocation of mental health services in Iowa. The Council's knowledge base is enhanced from these **additional opportunities for involvement**.

    We appreciate being valued and asked to serve in other capacities.

We thank the MHDS Division for a good working relationship.

We look forward to continuing our cooperative efforts to improve Iowa's Mental Health system.

Respectfully submitted,

Teresa Bomhoff
Chairperson
Iowa Mental Health Planning Council

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

LEGISLATIVE LANGUAGE 2010

EXCERPTS FROM SENATE FILE 2088 (SF2088)
(Iowa State Legislative session 2010)

Sec. 349. MEDICAID MENTAL HEALTH MEDICATIONS. The department shall adopt rules pursuant to chapter 17A to require that unless the manufacturer of a chemically unique mental health prescription drug enters into a contract to provide the state with a supplemental rebate, the drug may be placed on the nonpreferred drug list and subject to prior authorization before a medical assistance program recipient is able to obtain the drug. The department shall consult with the national alliance on mental illness, Iowa chapter, and other mental health patient organizations in the development of the rules and the development of associated formularies. The rules shall provide that a medical assistance program recipient whose drug regimen is established prior to January 1, 2011, on a chemically unique mental health prescription drug that would otherwise be placed on the nonpreferred drug list and subject to prior authorization under this section, shall be exempt from the restrictions of this section. The department shall not adopt rules under this section by emergency rulemaking pursuant to section 17A.4, subsection 3, and section 17A.5, subsection 2, paragraph "b". The rules adopted pursuant to this section shall not take effect prior to January 1, 2011.

k. Coordinate activities with the governor's developmental disabilities council and the mental health planning council, created pursuant to federal law. Work with other state agencies on coordinating, collaborating, and communicating concerning activities involving persons with disabilities.

Sec. 378. Section 225C.6B, subsection 2, Code 2009, is amended by striking the subsection and inserting in lieu thereof the following:

2. Comprehensive plan. The division shall develop a comprehensive written five=year state mental health and disability services plan with annual updates and readopt the plan every five years. The plan shall describe the key components of the state's mental health and disability services system, including the services that are community=based, state institution=based, or regional or state=based. The five=year plan and each update shall be submitted annually to the commission on or before October 30 for review and approval.

EXCERPTS FROM HOUSE FILE 2526 (HF2526)
(Iowa State Legislative session 2010)

Sec. 31. CHILDREN'S MENTAL HEALTH AND CHILD WELFARE SERVICES.

1. It is the intent of the general assembly to improve coordination and integration of mental health services and

outcomes for children, as well as alignment of the services and outcomes with the child welfare system. The department of human services, in collaboration with providers, shall develop a plan for transitioning administration of the remedial services program from fee-for-service approach to the Iowa p1an, behavioral health managed care plan. The transition plan shall address specific strategies for improving service coordination for children and adults; establish vendor performance standards; provide a process for ongoing monitoring of quality of care performance, and quality improvement technical assistance for providers; identify methods and standards for credentialing remedial providers; and provide implementation timeframes.

2. The department sha11 establish a transition committee that includes representatives from departmental staff for l'ledicaid, child welfare, f ie1d, and mental health services, the director of the Iowa plan' a representative of an organization providing remedial services that is also licensed as a community mental health center for children and as a psychiatric medical institution for children, the executive director of the coalition of family and children's services in Iowa, three remedial services providers designated by the executive director of the coalition, and a remedial services provider who is not a member of the provider organization. The committee shall develop the plan and manage the transition' if the plan is implemented. The plan shall be developed by December 31, 2010. The department may proceed with implementing the plan over the six month period following December 31, 2010, if the department determines that the plan meets the Legislative intent identified in subsection 1.